

Name  
in  
Full

Rev. Franklin B. Adkins

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Graustown</u> <small>Town</small>		<u>Baile</u> <small>County</small>		MARYLAND	
Date of death	1909	Month	Dec	Day	11
		Years	53	Months	2
		Days	15		
Sex	male	Color or Race	white	Birth-place	md.
Occupation	clergyman		Where Residing if not at place of death <u>Easton Md</u>		
Married, Single or Widowed	married	Name of Wife or Husband			
Father's Name	Isaac L. Adkins			Father's Birthplace	Delaware
Mother's Maiden Name	May E. Hughlett			Mother's Birthplace	md
Name of person giving information	A E DeBevoise			How related to deceased	Cousin

## CAUSES OF DEATH

(68)

How long  
Several years

How long

14 hours

Primary Insanity

Immediate Heart Weakness following violent mania

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

E. M. Duncan

Address

Graustown

md. P

Accident or Suicide?

E. M. Mitchell  
Undertaker  
1201 W. Fayette St

Easton Md

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Roslyn Balt Co Md</i>		Town <i>Balt</i>		County		MARYLAND	
Date of death <i>1909</i>		Month <i>December</i>	Day <i>23</i>	Age <i>25</i>	Years	Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Virginia</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Roslyn Balt Co Md</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John Allen</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information		How related to deceased					

## CAUSES OF DEATH

119

PHYSICIAN  
OR CORONER

Primary	<i>Acute nephritis</i>	How long	<i>1 month</i>
Immediate	<i>Uremic poisoning</i>	How long	<i>1 month</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician <i>Wm D. Buppert</i>		Address <i>Roslyn Md</i>	
Accident or Suicide?		<i>No</i>	

Martin Eaker & Sons  
Undertakers  
Holy Family Cemetery  
Harrisonville

Ind.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

James H A Appleton

Died at Parkton

Town

Baltimore

County

MARYLAND

Date

of death 1909 Dec

Month

Day

13th

Age 38

Years

Months

1

Days

14

Sex

Male

Color or  
Race

White

Birth-  
place

Marysville Pa.

Occupation

Engineer Penna R.R.

Where Residing if not  
at place of death

Baltimore Md

Married, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Wm L. Appleton

Father's  
Birthplace

Dayton, Ohio

Mother's  
Maiden Name

Sarah Matilda Glendenin

Mother's  
BirthplaceLittle Britain Pa.  
Lancaster Co Pa.Name of person giving  
Information

J. H. Hachenberg

How related  
to deceased

Friend

## CAUSES OF DEATH

166

Primary

By being struck and instantly killed by engine 4102

How long

Immediate

on train No. 2

How long

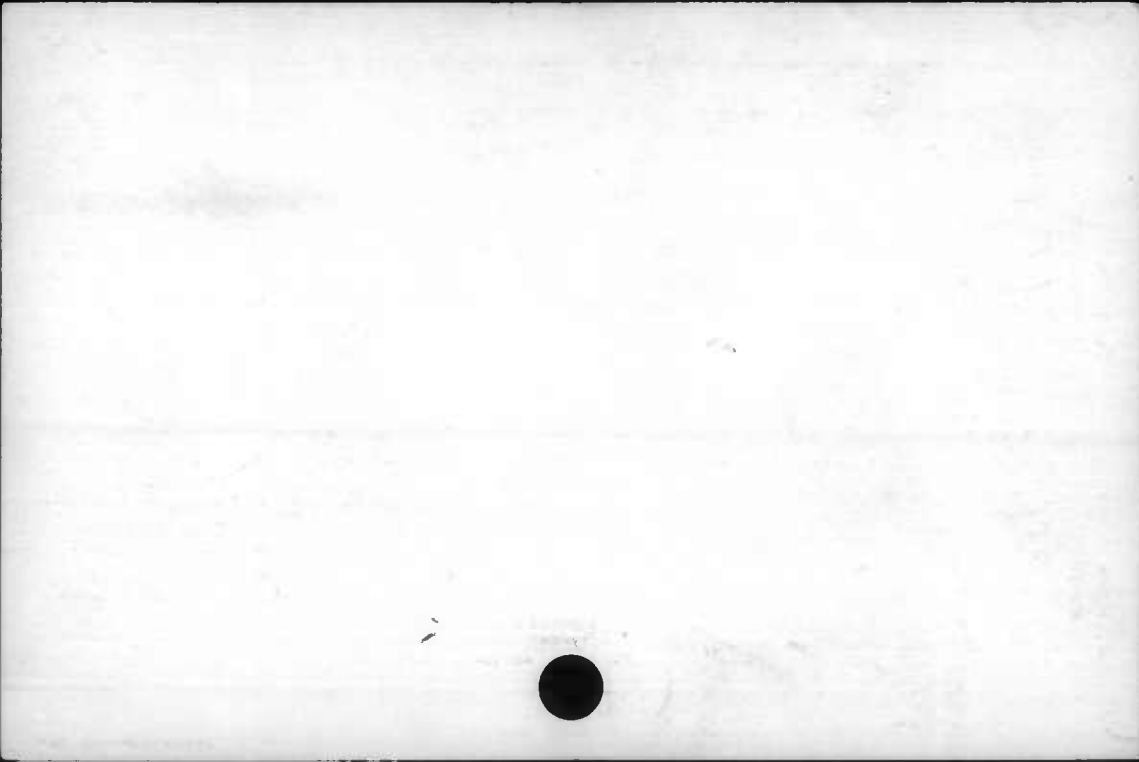
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Alfred W. Sparks  
Parkton  
Md

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Mrs Elizabeth Armistead

CERTIFICATE OF DEATH

Died at *Blue Ridge Hospital, Towson*

County *Balto*

MARYLAND

Date  
of death 1909

Month *12*

Day *23* Age *63*

Years *63*

Months

Days

Sex

*F*

Color or  
Race

*W*

Birth-  
place

*Balto*

Occupation

*H. wife*

Where Residing if not  
at place of death

*Baltimore*

Married, Single  
or Widowed

*Married*

Name of Wife or  
Husband

Father's  
Name

Father's  
Birthplace

Mother's  
Maiden Name

Mother's  
Birthplace

Name of person giving  
Information

*Hospital Record*

How related  
to deceased

CAUSES OF DEATH

Primary

*Pulm. T.B.*

How long

*unknown*

Immediate

*Asthenia*

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

*R. H. Frankweiler M.D.*

Address

*Endicott Towson*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

*6*

Wm. Cook

502 E. North ave

Parkton Baltimore co Md



Name  
in  
Full

Alice E. Ballantine

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Highlandtown</i>		<sup>County</sup> <i>Balto</i>		MARYLAND	
Date of death	190 <sup>Year</sup> <i>9</i>	<sup>Month</sup> <i>12</i>	<sup>Day</sup> <i>22</i>	Age <sup>Years</sup> <i>2</i>	<sup>Months</sup> <i>7</i> <sup>Days</sup> <i>5</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Balto Co.</i>
Occupation	<i>none</i>		Where Residing if not at place of death <i>3507 Lombard St</i>		
Married, Single or Widowed	<i>—</i>		Name of Wife or Husband <i>—</i>		
Father's Name	<i>Clarence E. Ballantine</i>			Father's Birthplace	<i>Balto</i>
Mother's Maiden Name	<i>Maggie E. Lanning</i>			Mother's Birthplace	<i>u r</i>
Name of person giving Information	<i>Clarence E. Ballantine</i>			How related to deceased	<i>Father</i>

## CAUSES OF DEATH

(93)

PHYSICIAN  
OR CORONER

Primary	<i>Pleurisy</i>	How long	<i>15 days</i>
Immediate	<i>Heart failure</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>M. Schliker</i>	
		Address <i>3314 E. Baltimore St</i>	
Accident or Suicide			

Oak Lawn Cemetery

Herrington

12/24/09

Name  
in  
Full

Margaret A Barber

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Lauraville		County Baltimore		MARYLAND	
Date of death		Month Dec	Day 16 <sup>th</sup>	Age 69	Months 11	Days 12	
Sex Female		Color or Race White		Birth- place Balto Co			
Occupation None				Where Residing if not at place of death			
Married, Single or Widowed		Widow		Name of Wife or Husband Daniel N. Barber			
Father's Name Thomas Burgan				Father's Birthplace Baltimore			
Mother's Maiden Name Not known				Mother's Birthplace Not known			
Name of person giving In formation Thomas N. Barber				How related to deceased Son			

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	Pneumonia	How long	13 days
Immediate	Cerebral Apoplexy	How long	5 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Geo. A. Hartman	
Address		1127 N. Charles St. Balt.	
Accident or Suicide?			

Henry Lutz

Balto. Cemetery

Name  
in  
Full

Emma Barnes

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Sparrows Point* *Baltimore* *MARYLAND*  
 Town County

Date of death 190 *9* *Dec.* *20<sup>th</sup>* Age *39*  
 Month Day Years Months Days

Sex *Female* Color or Race *Col.* Birth-place *Va.*  
 Occupation *House work* Where Residing if not at place of death *Sparrows Point*

~~Married, Single~~ or Widowed Name of Wife or Husband *Walter Barnes*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *Spot. Oliver* How related to deceased *step father in law*

## CAUSES OF DEATH

Primary *Meningitis (cerebral)* How long *1 week*

Immediate *Cerebral Congestion* How long *1 day*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *G. B. McCormick MD*

Address *Sparrows Point*  
*md*

Accident or Suicide *no*

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

Kunigunda Baumlüller

Town

County

MARYLAND

Died at Glenarm

Baltimore

Date

of death

1909

Month

12

Day

31

Years

Age 76

Months

9

Days

28

Sex

Female

Color or  
Race

white

Birth-  
place

Germany

Occupation

Housewife

Where Residing if not  
at place of death

Glen Arm

Married, ~~Single~~  
~~or Widowed~~Name of Wife or  
Husband

John Baumlüller

Father's  
Name

J. Gumman

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Kunigunda Gumman

Mother's  
BirthplaceName of person giving  
Information

Annie Kahl

How related  
to deceased

Daughter

## CAUSES OF DEATH

Primary

Gall Stone Colic

How long

Immediate

Heart Failure

How long

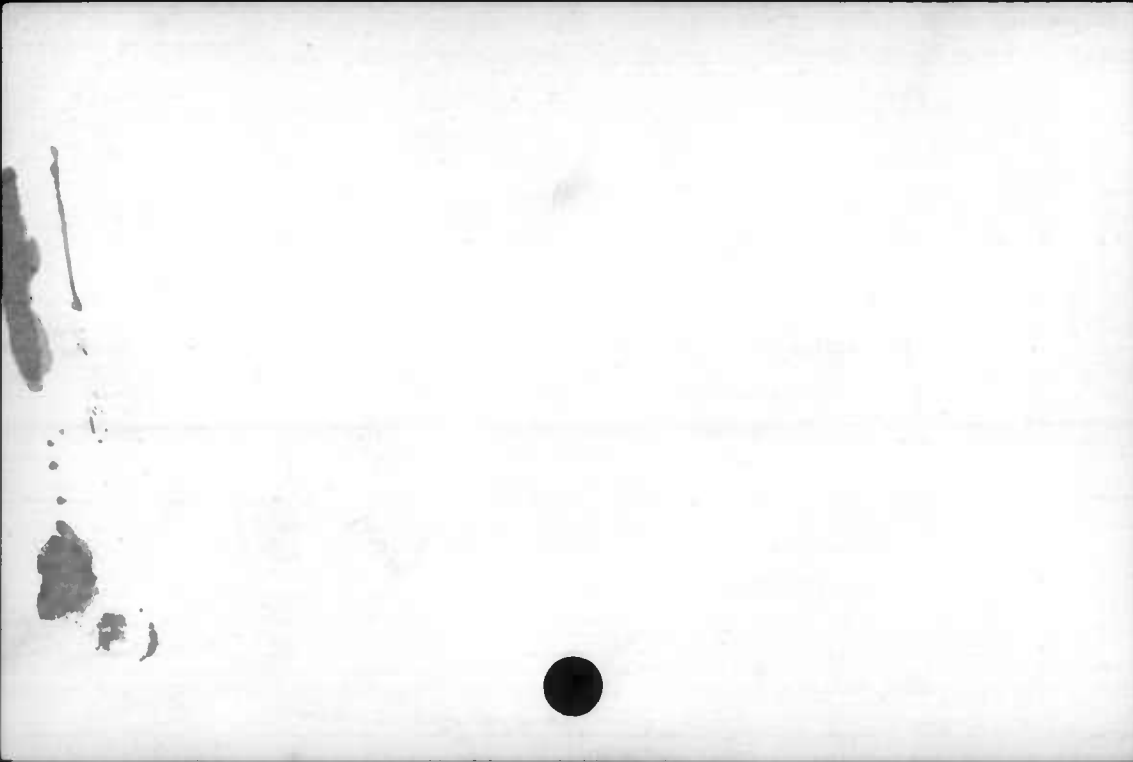
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

W. F. Clayton  
Overland  
Md. 14

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

*Corasalie Beale*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Highlandtown</i>		County <i>Baldw.</i>		MARYLAND	
Date of death	190	9	Month	12	Day	5	Age
						Years <i>34</i>	
						Months <i>3</i>	
						Days <i>8</i>	
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	
Occupation	<i>House-wife.</i>		Where Residing if not at place of death		<i>330) Calgate St</i>		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband		<i>Oliver Wood Beale</i>		
Father's Name	<i>James Taylor</i>				Father's Birthplace	<i>Ind.</i>	
Mother's Maiden Name	<i>Mary Ellen Brown</i>				Mother's Birthplace	<i>Ind.</i>	
Name of person giving Information		<i>Ruth Moran</i>				How related to deceased <i>Sister</i>	

CAUSES OF DEATH

PHYSICIAN  
OR CORNER

Primary	<i>Tubercular Phthisis</i>	How long	<i>27</i> years
Immediate	<i>Exhaustion</i>	How long	<i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>Jas. L. Drusinski</i>	
Address		<i>3 and 1/2 South Highlandtown Ind.</i>	
Accident or Suicide		<i>No</i>	

W.H. Larnel

Henry J. Larnel

12/1/09

Name  
in  
Full

The name

Bell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Pisheyville		County Balto		MARYLAND	
Date of death		Month 9	Day 18 <sup>th</sup>	Age Two hours		Months	Days
Sex male		Color or Race white		Birth-place Pisheyville			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed —		Name of Wife or Husband —					
Father's Name Wm. Bell		Father's Birthplace Md					
Mother's Maiden Name Nettie Reed		Mother's Birthplace Md					
Name of person giving Information Wm. Bell		How related to deceased Father					

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	Premature birth 7 months	How long —
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician A. C. Smith
		Address West Front St. Balto
Accident or Suicide —		

Jos B. Cook  
Ridge Cem. Balt Co.

Name  
in  
Full

Anthony F. Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		12	24	45			
Sex	Male	Color or Race	White		Birth-place	Italy	
Occupation	Huckster		Where Residing if not at place of death		3927 E Pratt St		
Married, Single or Widowed	Married		Name of Wife or Husband		Concetta Bell		
Father's Name	Unknown				Father's Birthplace	Italy	
Mother's Maiden Name	Unknown				Mother's Birthplace	" "	
Name of person giving Information	Concetta Bell				How related to deceased	Wife	

CAUSES OF DEATH

Primary	Eristifilis	How long	18 days
Immediate		How long	

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Joseph Baranco M.D.

Address

204 W. Greene Street

Accident or Suicide

A. A. Patricks Cemetery  
Herrwig & Son  
12/27/09

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Gardenville</i> <sup>Town</sup>		<i>Belt</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1909</i>	Month <i>Dec</i>	Day <i>5</i>	Age <i>82</i>	Months <i>8</i> Days <i>16</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Occupation <i>Housework</i>	Where Residing if not at place of death <i>Gardenville</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>John Berger</i>				
Father's Name <i>Nicholas</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Sophia</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Emilie Berger</i>	How related to deceased <i>Daughter</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	How long <i>2 years</i>
Immediate <i>Exhaustion</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. D. Corse</i>
	Address <i>Gardenville</i>
	<i>Belt Co Ky</i>
Accident or Suicide?	

Bengers  
Family Lst



Name  
in  
Full

Martha E. Bond

CERTIFICATE OF DEATH

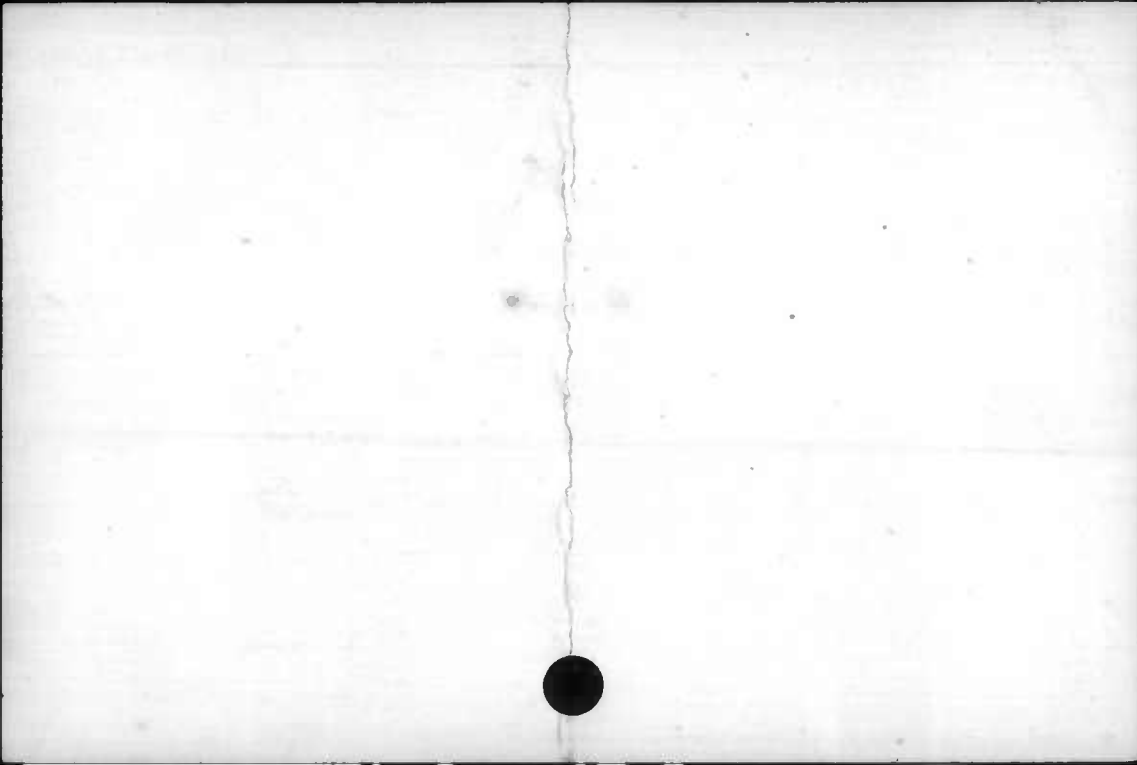
Died at <u>Fork</u> <sup>Town</sup>		<u>Balto.</u> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	Dec.	Day	21
Age		20		Years	✓
Sex	Female	Color or Race	White	Birth-place	Balto. Co
Occupation	none		Where Residing if not at place of death	Lancaster	
Married, Single or Widowed	Single		Name of Wife or Husband	✓	
Father's Name	Webster Bond		Father's Birthplace	Md.	
Mother's Maiden Name	Martha J. Carter		Mother's Birthplace	Md.	
Name of person giving Information	Mother		How related to deceased	Md. Bond	

CAUSES OF DEATH

Primary	<u>Tuberculosis</u>	How long	1 Year
Immediate	<u>Pulmonary Tuberculosis</u>	How long	1 Year
Are the name, age, sex, color, date and place correctly given above?	✓		
Signature of Physician	Geo. W. Davis M.D.		
Address	Pleasantville Md.		
Accident or Suicide	No		

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Charles Branninger

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Dec	1st	70			
Sex		Color or Race		Birth-place			
Male		white		Germany			
Occupation		Where Residing if not at place of death					
Grocer							
Married, Single or Widowed		Name of Wife or Husband					
Widowed		Lecusa Alkump					
Father's Name		Father's Birthplace					
Not known		Germany					
Mother's Maiden Name		Mother's Birthplace					
" "		" "					
Name of person giving Information		How related to deceased					
Adam Bennett		Son in law					

## CAUSES OF DEATH

410

Primary	Carcinoma Stomach	How long	Years
Immediate	Emaciation	How long	

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

1902 Eastern Ave

Accident or Suicide

PHYSICIAN  
OR CORONER

Mr. Samuel Kern

Herrwig & Son

12/4/09

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John J. Bruns</i>		Town <i>Govanstown</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Govanstown</i>		Month <i>Dec</i>		Day <i>29</i>		Years <i>27</i>	
Date of death <i>1909 Dec 29</i>		Month <i>Dec</i>		Day <i>29</i>		Years <i>27</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balt<sup>o</sup> City</i>			
Occupation <i>Carpenter</i>		Where Residing if not at place of death <i>Govanstown</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Blanch Bruns</i>					
Father's Name <i>John B. Bruns</i>		Father's Birthplace <i>Balt<sup>o</sup> City</i>					
Mother's Maiden Name <i>Annie E. Hartman</i>		Mother's Birthplace <i>.....</i>					
Name of person giving information <i>John B. Bruns</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

157

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate <i>Suicide by hanging</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>James K. P. Wilkin</i>	
		Address <i>Coroner Govanstown Md</i>	
Accident or Suicide <i>Suicide</i>			

Henry Hobbs Sew

Holy Redeemer Cemetery!

Name  
in  
Full

Elizabeth Buchanan

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

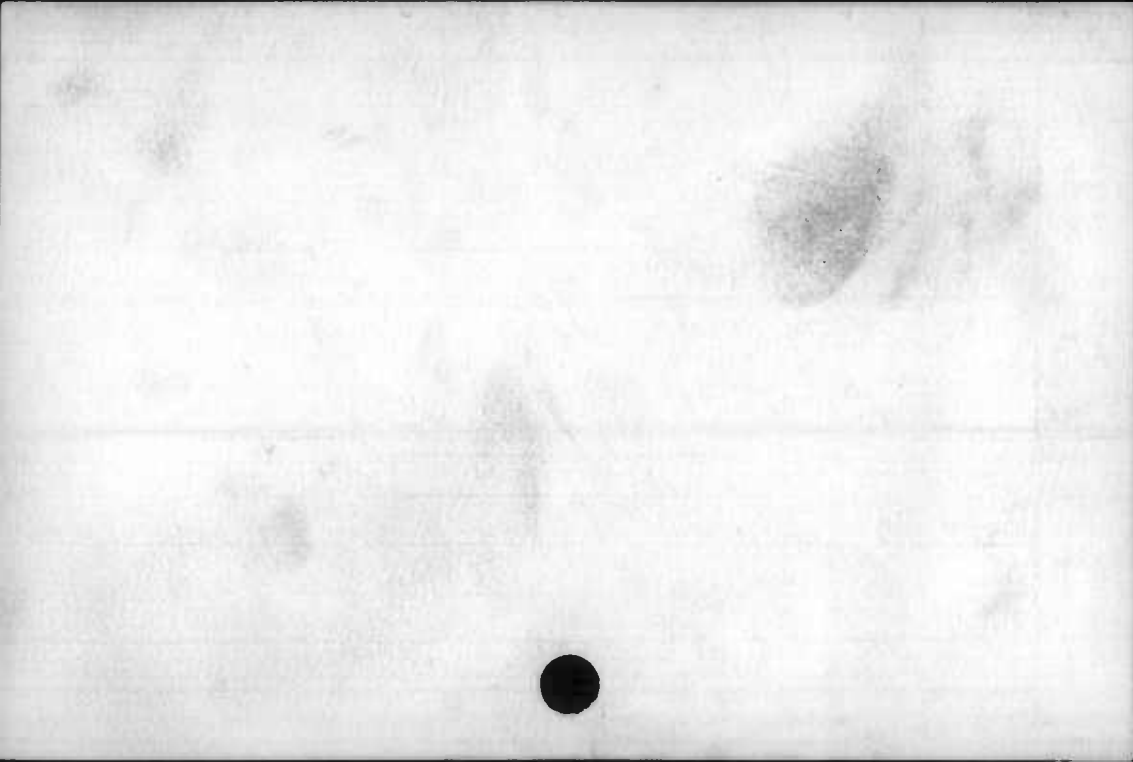
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		12	4	50			
Sex	Female		Color or Race	Black		Birth-place	Ind
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband				
Father's Name		Elizabeth				Father's Birthplace	Ind
Mother's Maiden Name		Ellen Dorsey				Mother's Birthplace	Ind
Name of person giving information		Eugene Buchanan				How related to deceased	Son

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Found dead in field		How long	✓
Immediate	Heart disease		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Address	
			Jas Wilson M.D.	
			Fowlesbury	
			Ind	
Accident or Suicide?				





Name  
in  
Full

Maria Cornelia Bull

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Lowson

Balto.

Date

of death

1909

Month

Dec.

Day

26

Years

Age

76

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Md.

Occupation

Housewife

Where Residing if not  
at place of death

Lowson

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

John R. Bull

Father's  
Name

Isaac Hallingsworth

Father's  
BirthplaceEngland  
~~Don't know~~Mother's  
Maiden Name

Ruth Stansbury

Mother's  
Birthplace

Md.

Name of person giving  
Information

Elizabeth Bull

How related  
to deceased

Daughter

## CAUSES OF DEATH

Primary

Myocarditis + General debility

How long

18 Mo's.

Immediate

Cardiac Asthenia

How long

12 hours

Are the name, age, sex, color, data  
and place correctly given above?

Yes

Signature of  
Physician

Address

J. E. Green M.D.  
Lowson Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

6

John Burns Sons  
Towson

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Burial -

Greenmount in City -

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full		Francis A. Campbell		Town		County		MARYLAND	
Died at		Highlandtown		Balto					
Date of death		1909		Dec.		24		Age 3	
Sex		Male		Color or Race		White		Birth-place Highlandtown	
Occupation		None		Where Residing if not at place of death					
Married, Single or Widowed		Single		Name of Wife or Husband					
Father's Name		John Campbell						Father's Birthplace Del.	
Mother's Maiden Name		Ellen Campbell						Mother's Birthplace Del.	
Name of person giving Information		Ellen Campbell						How related to deceased Mother	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia	How long	93	8 days
Immediate	Cardiac Exhaustion	How long		12 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician Dr. J. A. Slantz	
			Address 3244 Eastern Ave.	
Accident or Suicide				

J. A. Monahan Undertaker  
H. Patricks  
Bermetz

3241  
Sutter Ave

Name  
in  
Full

Louis Carter

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> *Reisterstown*<sup>County</sup> *Balto.*

MARYLAND

Date  
of death 190 *1* <sup>Month</sup> *12*

Day

*30*Age <sup>Years</sup> *23*

Months

Days

Sex *Male*Color or  
Race*White*Birth-  
place*Balto.*Married, Single  
or Widowed*Single*

Occupation

*Student*Name of Wife or  
HusbandFather's  
Name*Jacob Carter*Father's  
Birthplace*Russia*Mother's  
Maiden Name*Hannah Hall*Mother's  
Birthplace*"*Name of person giving  
information*Abe Carter*How related  
to deceased*Brother*

## CAUSES OF DEATH

**27**

Primary

*Pulmonary & Sanguinal Tuberculosis*

How long

*2 yrs.*

Immediate

*Exhaustion*

How long

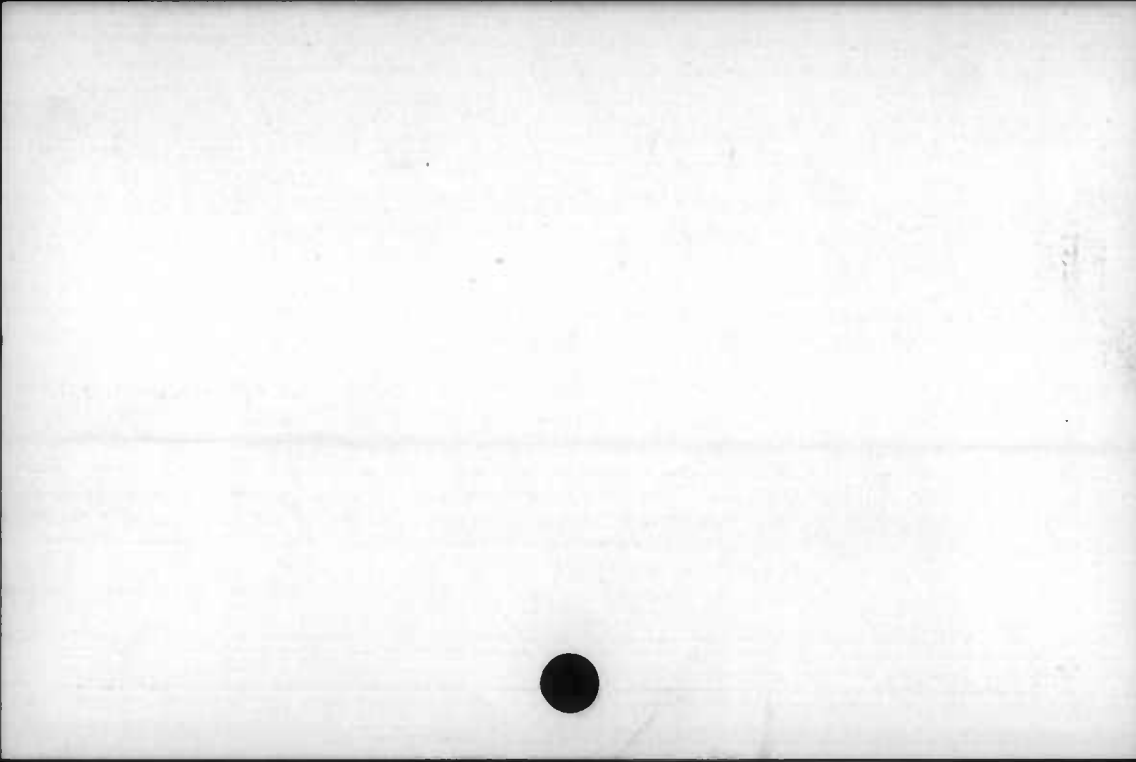
*3 wks.*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*S. Wickers Merritt*

Address

*Jewish Home for Consumptives  
Reisterstown, Md.*

Accident or Suicide?

PHYSICIAN  
OR CORONER*6*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Julia Carr

Town

Mormill Park

County

Baltimore

MARYLAND

Date

of death 1909

Month

12

Day

19

Age

Years

79

Months

2

Days

18

Sex

Female

Color or  
Race

White

Birth-  
place

Md

Occupation

Wom

Where Residing if not  
at place of death~~Married, Single~~  
or WidowedName of Wife or  
Husband

Frieder Carr

Father's  
Name

Benjamin Wheeler

Father's  
Birthplace

Md

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Md

Name of person giving  
Information

Benjamin Wheeler

How related  
to deceased

Nephew

## CAUSES OF DEATH

Primary

Bright Kidney &amp; Heart disease 2 yrs

How long

Immediate

Exhaustion

How long

10 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

W. Hall  
Mt Vernon

Accident or Suicide

PHYSICIAN  
OR CORONER

L. W. Hill  
London Park.



Name  
in  
Full

Sidney W. Caruthers

## CERTIFICATE OF DEATH

Died at *Gorantown* Town*Baltimore* County

MARYLAND

Date

of death

1909

Month

*Dec*

Day

*31*

Years

Age *56*

Months

Days

Sex

*Male*Color or  
Race*White*Birth-  
place*Maryland*

Occupation

*None*Where Residing if not  
at place of death*Gorantown Md*Married, Single  
or Widowed*Single*Name of Wife or  
HusbandFather's  
Name*Don't know*Father's  
Birthplace*Don't know*Mother's  
Maiden Name*Don't know*Mother's  
Birthplace*Don't know*Name of person giving  
Information*Dr. Duncan*How related  
to deceased*None*

## CAUSES OF DEATH

Primary

*Pneumonia*

How long

*1 week*

Immediate

*Exhaustion*

How long

*1 day*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*E. M. Duncan*

Address

*Gorantown*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

John Burns & Sons

Townson

Interment in

Govanston

Presb. Cemetery

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John Cockey* Town *Monkton* County *Balti.* MARYLAND

Died at *Monkton* Date of death *1907 Dec. 10* Age *29* Months Days

Sex *Male* Color or Race *White* Birth-place *Balti.*

Occupation *Hammer* Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *Single* Name of Wife or Husband \_\_\_\_\_

Father's Name *Joshua H Cockey* Father's Birthplace *Balti W*

Mother's Maiden Name *Aunice Hutchins* Mother's Birthplace *"*

Name of person giving Information \_\_\_\_\_ How related to deceased \_\_\_\_\_

## CAUSES OF DEATH

Primary *Pulmonary Tuberculosis* How long *27* *2 yrs*

Immediate *Exhaustion* How long \_\_\_\_\_

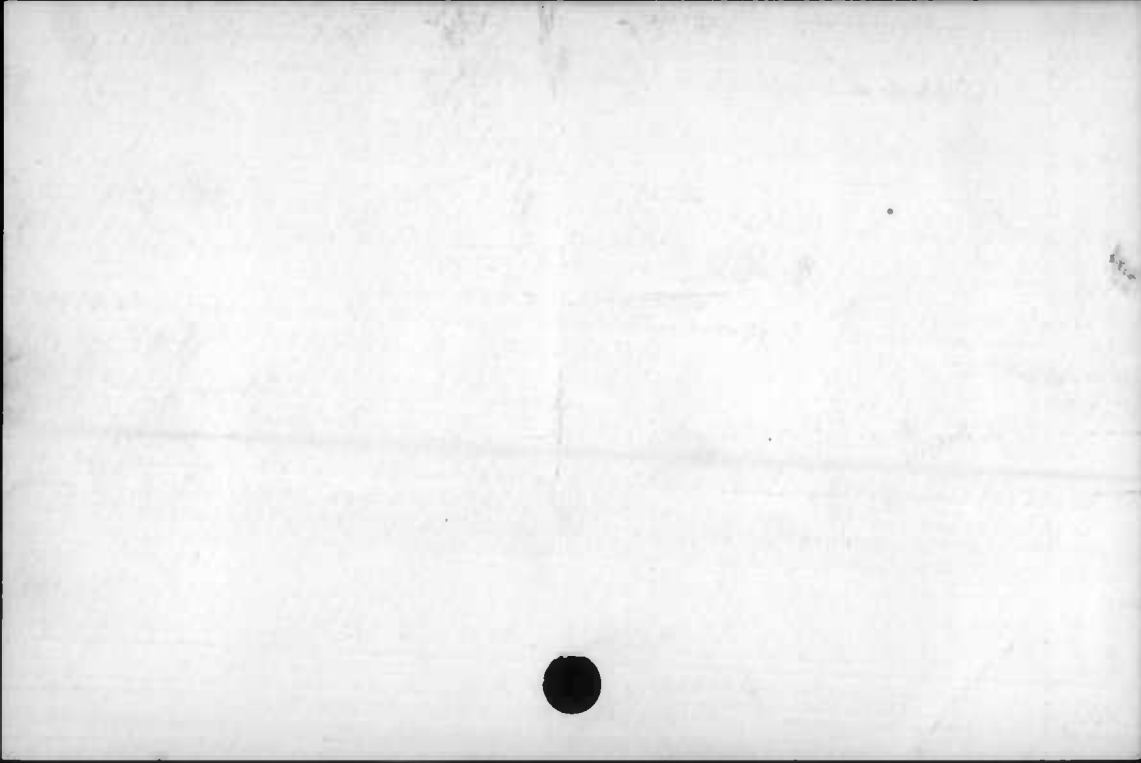
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Accident or Suicide?

*N.*



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		Dec		Age	about 60		
Sex	Male	Color or Race	Colored	Birth-place	Unknown		
Occupation	Cotton picker			Where Residing if not at place of death	Unknown		
Married, Single or Widowed	Unknown	Name of Wife or Husband	Unknown				
Father's Name	Unknown			Father's Birthplace	Unknown		
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown		
Name of person giving Information	Richard Bailey			How related to deceased	Grandson		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Accidental Drowning	How long	
Immediate		How long	Coroner
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. J. Sudler M.D.
		Address	3523 E. Ball St
Accident or Suicide			

Wm. H. Colson. —  
1412 May 1880

Burial  
St. Matthews Cem.  
Andeuton - Herwig & Son  
12/16/04

Name  
in  
Full

Ellen Cooper

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

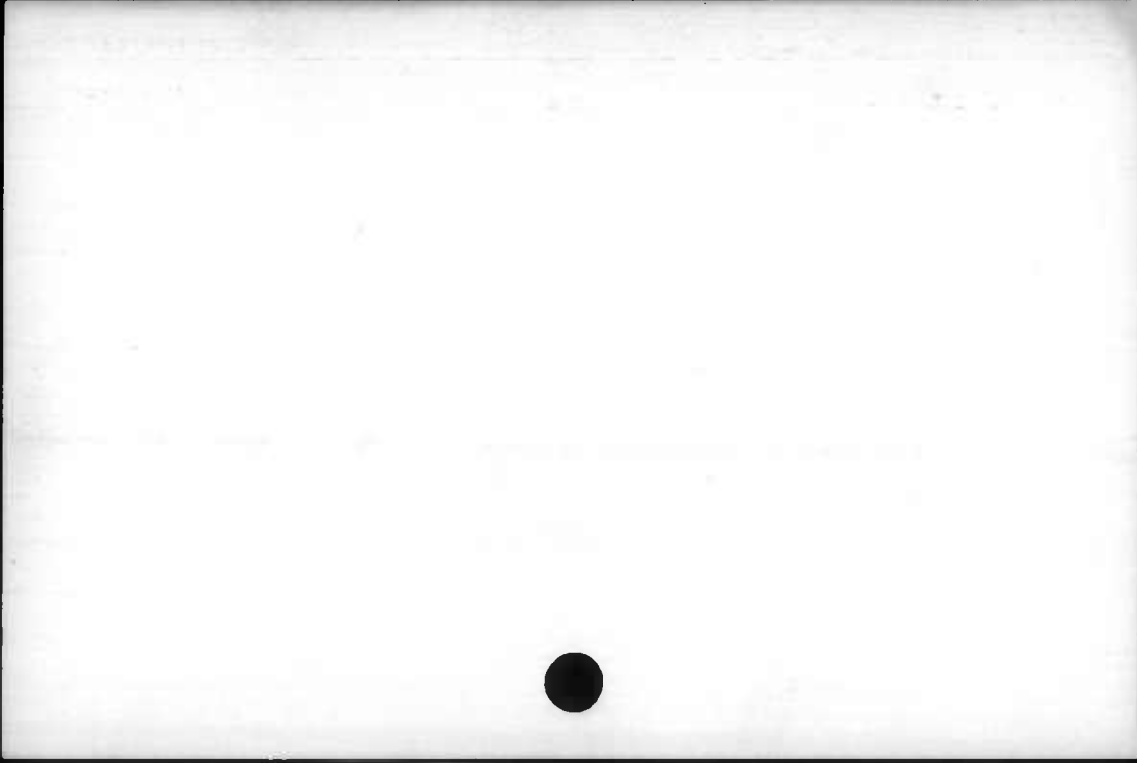
Died at		Town Cummings Mills		County Baltimore		MARYLAND	
Date of death		Month 1909	Day Dec 31	Age 62		Months 6	Days —
Sex Female		Color or Race white		Birth- place Baltimore			
Occupation Housewife				Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband Hugh A. Cooper			
Father's Name		George T. Gardner		Father's Birthplace		Baltimore	
Mother's Maiden Name		Margaret Forrester		Mother's Birthplace		Ponca, Nebraska	
Name of person giving Information		Hugh A. Cooper		How related to deceased		Husband	

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	Chronic Nephritis	How long	Unknown
Immediate	Uraemic Coma	How long	Four days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. M. Slade	
		Address Reisterstown Md	
Accident or Suicide			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary E. Cox</i>		Town <i>Texas</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Texas</i>		Month <i>Dec</i>		Day <i>23</i>		Years <i>49</i>	
Date of death <i>1909</i>		Month <i>Dec</i>		Day <i>23</i>		Age <i>49</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>don't know</i>			
Occupation <i>Domestic</i>		Where Residing if not at place of death <i>See as</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mrs Cox</i>					
Father's Name <i>Mr Hansen</i>		Father's Birthplace <i>don't know</i>					
Mother's Maiden Name <i>Mary Hansen</i>		Mother's Birthplace <i>don't know</i>					
Name of person giving information <i>Ephraim Nash</i>		How related to deceased <i>son</i>					

## CAUSES OF DEATH

(27)

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>about 2 yrs</i>
Immediate <i>Nephritis</i>	How long <i>8 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. F. Burrey</i>
	Address <i>Texas</i>
Accident or Suicide?	

Funeral at Zefas m  
Monday 28

W. C. Brooks

Name in Full		Harry Elwood Cuff.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Catonsville	County Balto		MARYLAND	
	Date of death	1909	Month Dec	Day 7	Age —	Months —	Days 9 weeks
	Sex	male		Color or Race	Colored		
	Birth-place	Balto City					
	Occupation	none		Where Residing if not at place of death		Catonsville Md	
	Married, Single or Widowed	single		Name of Wife or Husband		none	
	Father's Name	Wm J Cuff				Father's Birthplace	Green Acres Co
	Mother's Maiden Name	Hattie M Bailey				Mother's Birthplace	Talbot Co
Name of person giving information	Hattie M Cuff				How related to deceased	mother	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(151)</div>							
PHYSICIAN OR CORONER	Primary		marasmus			How long 5 weeks	
	Immediate		asthma			How long 5 "	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician Marshall B. West.		
					Address Catonsville Md		
Accident or Suicide?							

William Johnson.

100. F. Ametory

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Date

of death

1909

Month

12

Day

25

Age

Years

68

Months

10

Days

25

Sex

male

Color or  
Race

White

Birth-  
place

Ohio

Occupation

Manufacturer's Agent

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Widowed

Name of Wife or  
Husband

Emily M. Cole

Father's  
Name

Benjamin Davenport

Father's  
Birthplace

Virginia

Mother's  
Maiden Name

Ann Maria Bradshaw

Mother's  
Birthplace

Ohio

Name of person giving  
Information

Miss M.A. Davenport

How related  
to deceased

Daughter

## CAUSES OF DEATH

Primary

Mitral Regurgitation

How long

79

Or not known

Immediate

Pulmonary Edema

How long

5 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

M. G. Foster  
Roland Park Md

Accident or Suicide

No

PHYSICIAN  
OR CORONER

Place of burial, Loudon Park Cemetery, Baltimore.

Undertakers, Henry W. Mears & Son, Baltimore.

Name  
in  
Full

*Thaddeus J. Dekowski*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town *313 S. Clinton St. Highland* County *Balto* MARYLAND  
Died at  
Date of death 190 *9* Month *12* Day *2* Age *7* Months *2* Weeks *—* Days *—*  
Sex *Male* Color or Race *White* Birth-place *Balto Co*  
Occupation *—* Where Residing if not at place of death *313 S. Clinton St*

Married, Single or Widowed *—*

Name of Wife or Husband *—*

Father's Name

*Jose M. Dekowski*

Father's Birthplace

*Germany*

Mother's Maiden Name

*Stanislawa Lewandowski*

Mother's Birthplace

*Balto*

Name of person giving Information *—*

How related to deceased

*7*

CAUSES OF DEATH

Primary

*Marasmus —  
by weak heart*

How long

*2 weeks*

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

*E W Lanny M D*

Address

*3502 Bank St*

PHYSICIAN  
OR CORONER

Accident or Suicide *—*

St Stanislaus Cem

M J Sadowski



Name  
in  
Full

Minnie Dennis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *White Hall* Town *Baltimore* County *MARYLAND*Date of death *1909* Month *Dec.* Day *4* Age *—* Years *—* Months *—* Days *2*Sex *Female* Color or Race *White* Birth-place *White Hall Md.*Occupation *none* Where Residing if not at place of death *White Hall Md.*Married, Single or Widowed *—* Name of Wife or Husband *—*Father's Name *Edward C. Dennis* Father's Birthplace *New Jersey*Mother's Maiden Name *Lenora Diefendaffer* Mother's Birthplace *Md.*Name of person giving Information *Edward C. Dennis* How related to deceased *Father*

## CAUSES OF DEATH

Primary *Premature Birth* How long *unknown*Immediate *(unknown)* How long *unknown*Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *Thomas C. Baedwin*Address *White Hall Md.*Accident or Suicide *7*PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

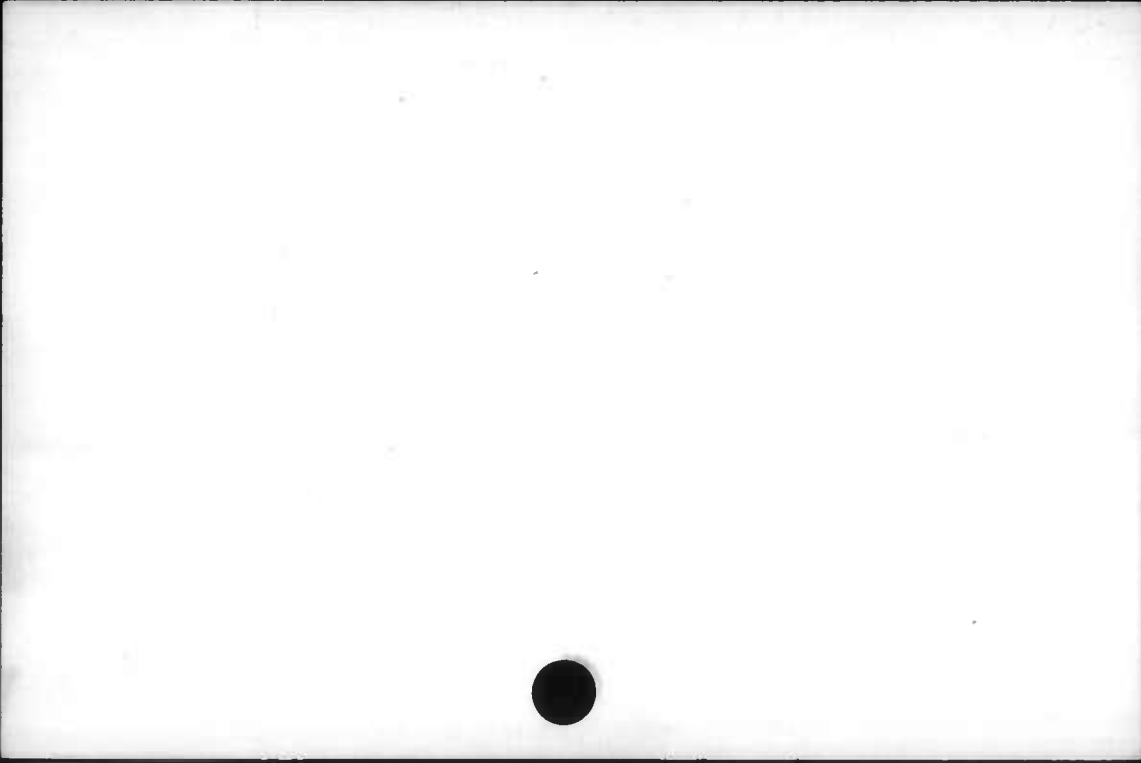
TO BE ANSWERED BY  
NEAREST FRIEND

Name *Dickinson, Walter* Town *Leatonville* County *Bolton*  
 Died at *Leatonville* *Bolton* **MARYLAND**  
 Date of death 190 *9* Dec *26* Age *31* Months Days  
 Sex *Male* Color or Race *White* Birth-place *Maryland*  
 Occupation *Salesman* Where Residing if not at place of death ☒  
 Married, Single or Widowed *Single* Name of Wife or Husband  
 Father's Name *John W. Dickinson* Father's Birthplace *Maryland*  
 Mother's Maiden Name *Esther J. Johnson* Mother's Birthplace *Maryland*  
 Name of person giving Information *John W. Dickinson* How related to deceased *Father*

## CAUSES OF DEATH

Primary *General Paresis* How long *2 yrs*  
*Exhaustion* How long *2 weeks*  
 Immediate  
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Grey Wade*  
 Address *Leatonville, Md*  
 Accident or Suicide *No.*

PHYSICIAN  
OR CORONER



Name  
in  
Full

Florence Dobby

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Brightside Station Md.* *Baltimore*

MARYLAND

Date of death 1909 *Dec* *2* Age *3* Months *3* Days *-*Sex *Female* Color or Race *negro.* Birth-place *Brightside. Balt Co Md*Occupation *-* Where Residing if not at place of death *-*Married, Single or ~~Widowed~~ Name of Wife or Husband *-*Father's Name *George Dobby*Father's Birthplace *Unknown*Mother's Maiden Name *Cassie Jones*Mother's Birthplace *Unknown*

Name of person giving Information

How related to deceased

## CAUSES OF DEATH

Primary *Gastro-Enteritis*How long *105* *about 2 weeks.*Immediate *Convulsions*How long *1 day*Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician

Address

*J. M. Dobby*  
*Pluxton, Baltimore Co. Md*Accident or Suicide *No*PHYSICIAN  
OR CORONER

St John Church  
Ruston Md  
V S Marshall

Dec 4 3839 Fall Road

Name  
in  
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

*Catherine Delmar Downs*  
Died at *near* *Bentleys* *Balt*

Date of death 1909 12 25 Age 30 Months — Days 13

Sex *Female* Color or Race *White* Birth-place *md*

Occupation *Housekeeper* Where Residing if not at place of death —

Married, Single or Widowed *Single* Name of Wife or Husband —

Father's Name *John Keller Downs* Father's Birthplace *md*

Mother's Maiden Name *Annie Gasnell* Mother's Birthplace *md*

Name of person giving Information *Louisa Downs* How related to deceased *Aunt*

CAUSES OF DEATH

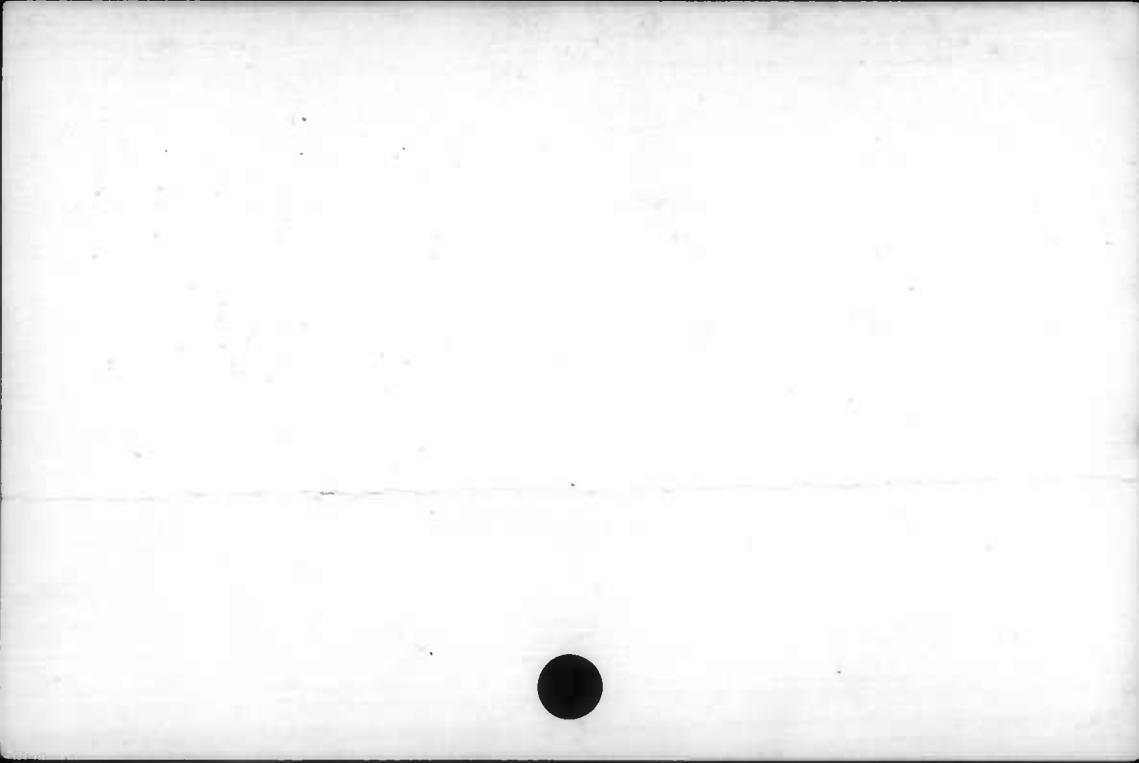
Primary *Typhoid Fever* *complications 4 mths* How long *6 weeks*

Immediate *Uremia* How long *2 4 hrs*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *R. R. Norris md*  
Address *Parkton md*  
*A. R. Mitchell md*  
*Windsor*

Accident or Suicide





Name  
in  
Full

Wilhelmina Eckhardt

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Violetsville* *Balto* County

Date of death *1909* *Dec* *9* *Age* *44* *10* Months *12* Days

Sex *Female* Color or Race *white* Birth-place *Baltimore*

Occupation *Housewife* Where Residing if not at place of death *Violetsville*

Married, Single or Widowed *Married* Name of Wife or Husband *Philip Eckhardt*

Father's Name *Fredk Kipp* Father's Birthplace *Germany*

Mother's Maiden Name *Unknown* Mother's Birthplace *Germany*

Name of person giving information *Fredk Martin* How related to deceased *Son*

## CAUSES OF DEATH

108

PHYSICIAN  
OR CORONER

Primary *Intestinal obstruction* How long *4 da*

Immediate *exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

Address

*P. Gustav Vree MD*

*1433 Lombard St*

*Baltimore*

Accident or Suicide?

C. W. Will  
London Park.

Name  
in  
Full

Robert Walter Emmart

CERTIFICATE OF DEATH

Died at		Town Highland		County Baltimore		MARYLAND	
Date of death		Month 9	Day 20	Age 3	Years 4	Months 25	Days
Sex		Male		Color or Race White		Birth-place Maryland	
Occupation None				Where Residing if not at place of death _____			
Married, Single or Widowed		Single		Name of Wife or Husband _____			
Father's Name		George Emmart		Father's Birthplace		Maryland	
Mother's Maiden Name		Jennie Roeder		Mother's Birthplace		Maryland	
Name of person giving Information		George Emmart		How related to deceased		Father	

CAUSES OF DEATH

Primary	Syphilitic Febrile	How long	4 days
Immediate	Pulmonary Edema	How long	4 hrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Dr. S. Sudler, M.D.	
		Address 3323 E. Balldst	
Accident or Suicide			

Oak Lawn Conn.

Dec. 22/09

H. Sander & Sons

Name  
in  
Full

## CERTIFICATE OF DEATH

Agnes Sophia Emory -

Town

County

Died at Manor Glen Baltimore

MARYLAND

Date of death 1909 Dec. 18 Age 69 Months 2 Days 4

Sex Female Color or Race White Birth-place Harford Co., Md.

Occupation Housewife Where Residing if not at place of death At place of death

Married, Single or Widowed Widowed Name of Wife or Husband Dr. Richard Emory

Father's Name Thomas White Hall Father's Birthplace Harford Co., Md.

Mother's Maiden Name Caroline A. Howard Mother's Birthplace Baltimore Co., Md.

Name of person giving Information Thomas H. Emory How related to deceased Son

## CAUSES OF DEATH

Primary Cerebral Hemorrhage How long 15 hours

Immediate Asphyxia How long a few minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician G. F. Van Bibber M.D.

Address

Bel Air Md.

Accident or Suicide No -

10

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Leatonville</i>		County <i>Balto</i>		MARYLAND	
Date of death		Month <i>9 Dec</i>	Day <i>23</i>	Age <i>53</i>		Months	Days
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Ireland</i>			
Occupation <i>Masseur</i>				Where Residing if not at place of death <input checked="" type="checkbox"/>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <input checked="" type="checkbox"/>					
Father's Name <i>unk</i>				Father's Birthplace <i>unk</i>			
Mother's Maiden Name <i>unk</i>				Mother's Birthplace <i>unk</i>			
Name of person giving Information <i>—</i>				How related to deceased <i>—</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Vascular Disease of Heart</i>	How long <i>79</i> <i>4 yrs</i>
Immediate	<i>Pulmonary Oedema</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. Grey Knorr</i>
Accident or Suicide <i>No</i>		Address <i>Leatonville, Md</i>





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

James Albert France  
Towns Hollifields County Balto

MARYLAND

Date of death 1909 Dec 6 Age 3 Months 3 Days

Sex Male Color or Race White Birth-place Maryland

Occupation none Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband none

Father's Name James H. France

Father's Birthplace Maryland

Mother's Maiden Name Lydia Ella Lilly

Mother's Birthplace Virginia

Name of person giving Information James H. France

How related to deceased Father

CAUSES OF DEATH

90

Primary Fracture of ribs

How long Nov 31 - Dec 6

Immediate Asphyxia

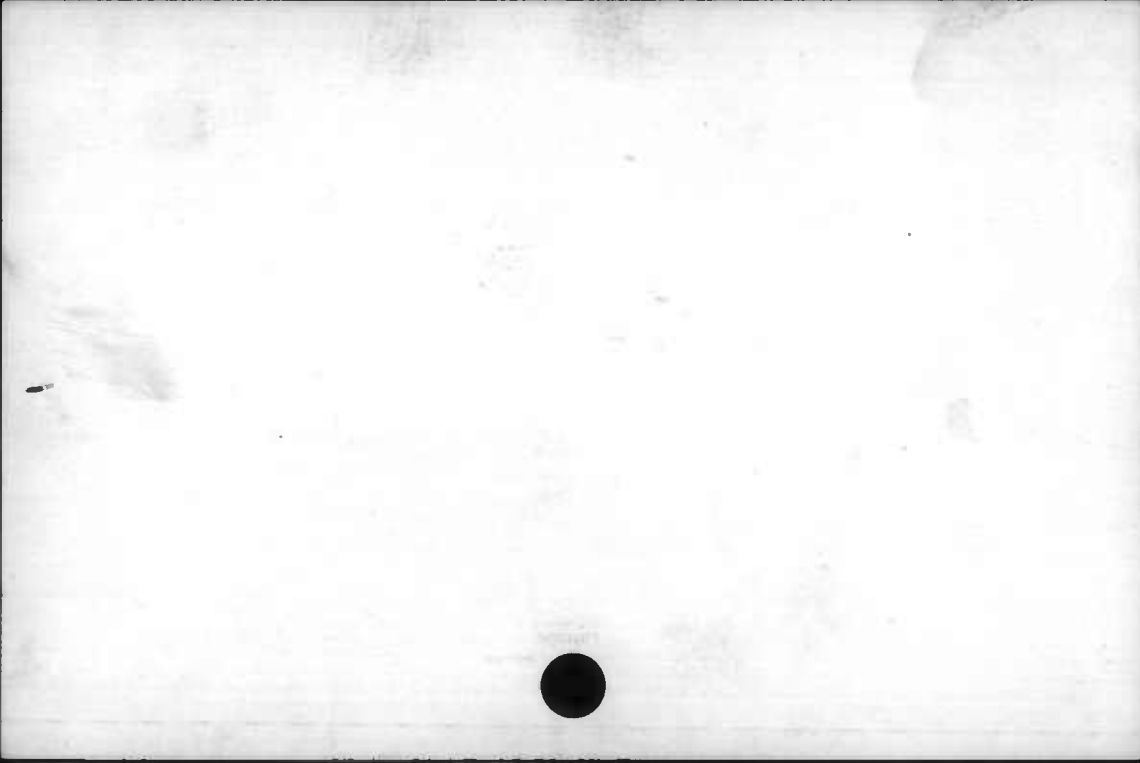
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Wm. H. Shreve  
Alberta Md

Accident or Suicide



Name  
in  
Full

Miss Eliza D. Freeman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

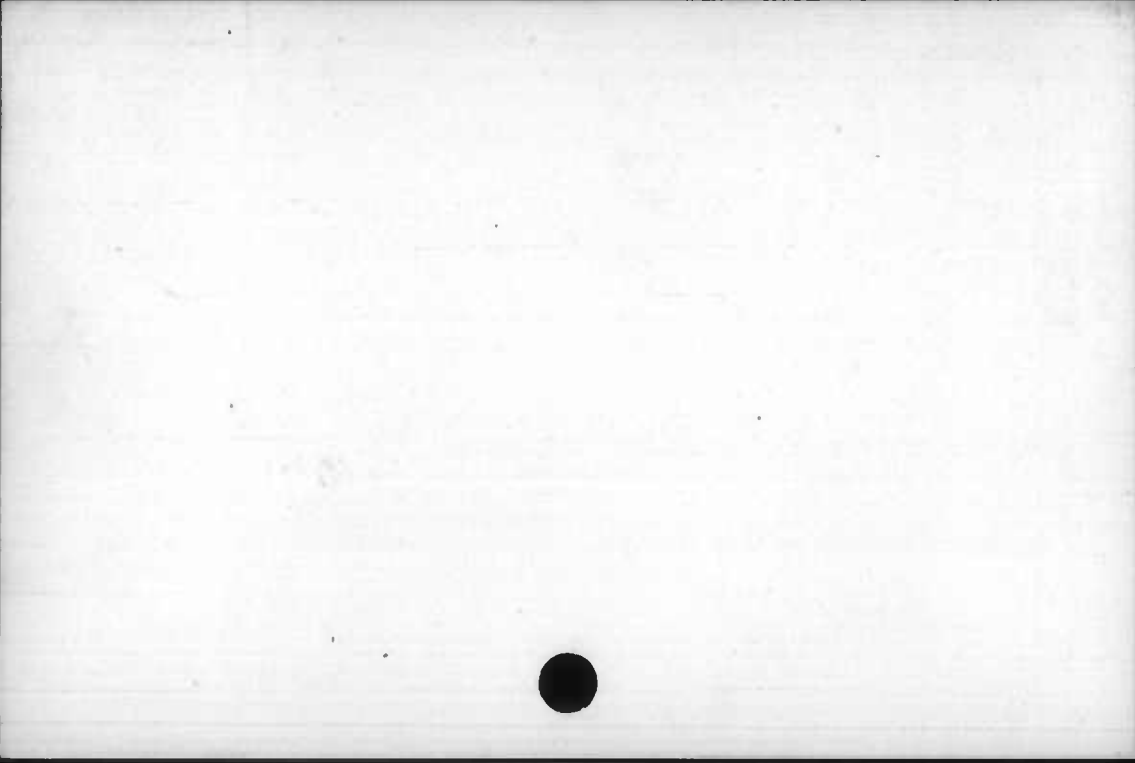
Died at <i>St. Agnes Hospital</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1909</i>	Month <i>Dec.</i>	Day <i>21</i>	Age <i>94</i>	Years	Months	Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Occupation <i>None</i>			Where Residing if not at place of death <i>St. Agnes Hospital</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Zekiel Freeman</i>				Father's Birthplace <i>Mass</i>			
Mother's Maiden Name <i>Rebecca Price</i>				Mother's Birthplace <i>Mass.</i>			
Name of person giving information <i>Hospital Record</i>				How related to deceased			

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary <i>Senility</i>	How long
Immediate <i>Asthma</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Frederick Cronk</i>
<i>Yes</i>	Address <i>St. Agnes Hospital</i>
Accident or Suicide? <i>no</i>	



Name  
in  
Full

Mrs Precilla Ann Fulton

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Cockeysville <sup>County</sup> Talbot

MARYLAND

Date of death 1909 Dec 15 Age 51 Months 8 Days

Sex Female Color or Race White Birth-place Hagerstown Pa

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband William Thos Fulton

Father's Name John Wesley Graham Father's Birthplace Hagerstown Pa

Mother's Maiden Name Maria Schoyfer Mother's Birthplace Smiths Pt Pa

Name of person giving information Wm Thos Fulton How related to deceased Brother

## CAUSES OF DEATH

167

Primary Burns &amp; Fluor (Accident) How long Four minutes

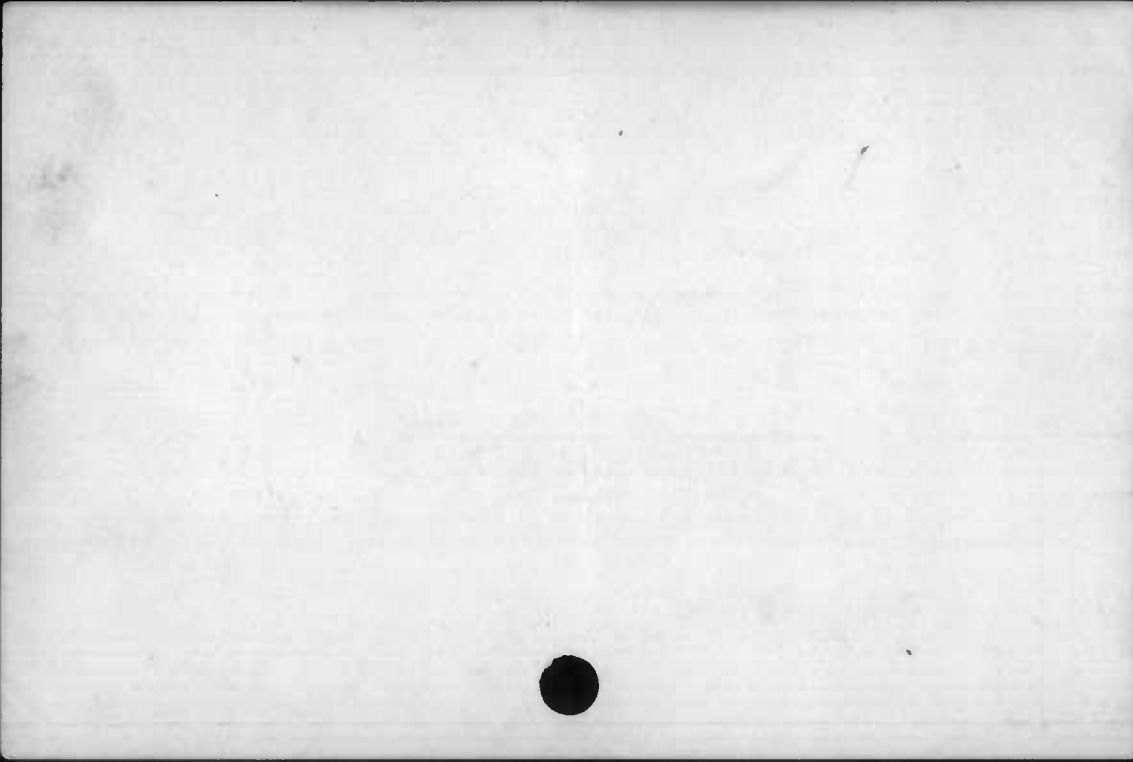
Immediate Shock How long 12 hours

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Dr W B Brown

Address Cockeysville Md

Accident or Suicide? Accident

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Heisters town

Town

Baltimore

County

MARYLAND

Date

of death 1909 December 21st

Month

Day

Age 70

Years

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Timber Grove

Occupation

Farmer

Where Residing if not  
at place of death

Residence of M. L. Logsdon

Married, Single  
or Widowed

Widowed

Name of Wife or  
Husband

Don't know

Father's  
Name

Johnny Gardner

Father's  
Birthplace

Carroll County

Mother's  
Maiden Name

Miranda Rosnell

Mother's  
Birthplace

Baltimore Co.

Name of person giving  
Information

Mrs. H. C. Logsdon

How related  
to deceased

Sister

## CAUSES OF DEATH

Primary

Nephritis

How long

1 year

Immediate

General uraemia

How long

in 3 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

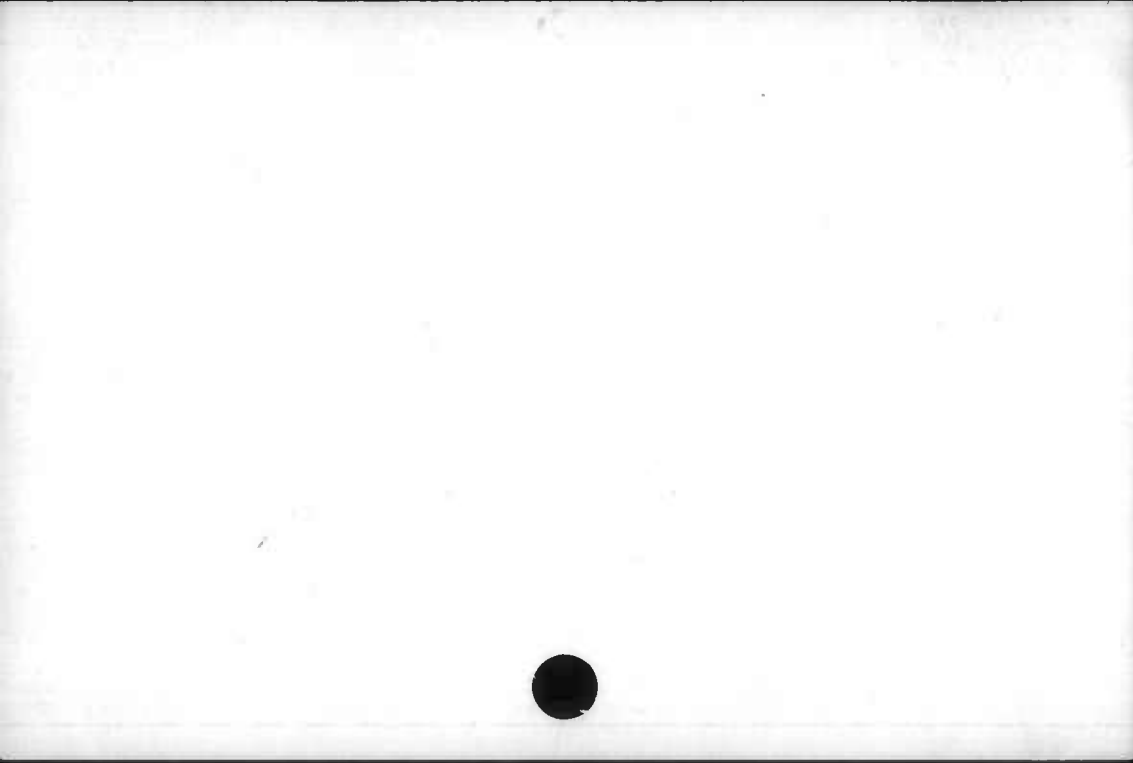
Signature of  
Physician

Address

Thos Price  
Blynden  
Md

Accident or Suicide

PHYSICIAN  
OR CORONER





Name  
in  
Full

Ruth A. Gulespie

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Roseville		County Dale		MARYLAND	
Date of death	1909	Month Dec	Day 16	Age 1	Years 1	Months 2	Days 22
Sex	Female		Color or Race	White		Birth- place	md
Occupation	Child			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name or Wife or Husband				
Father's Name	Chas F Gulespie					Father's Birthplace	md
Mother's Maiden Name	Alice E. Stever					Mother's Birthplace	md
Name of person giving information	Chas F Gulespie					How related to deceased	Sister

## CAUSES OF DEATH

93

Primary	Pneumonia	How long	8 days
Immediate	Heart failure	How long	6 hrs

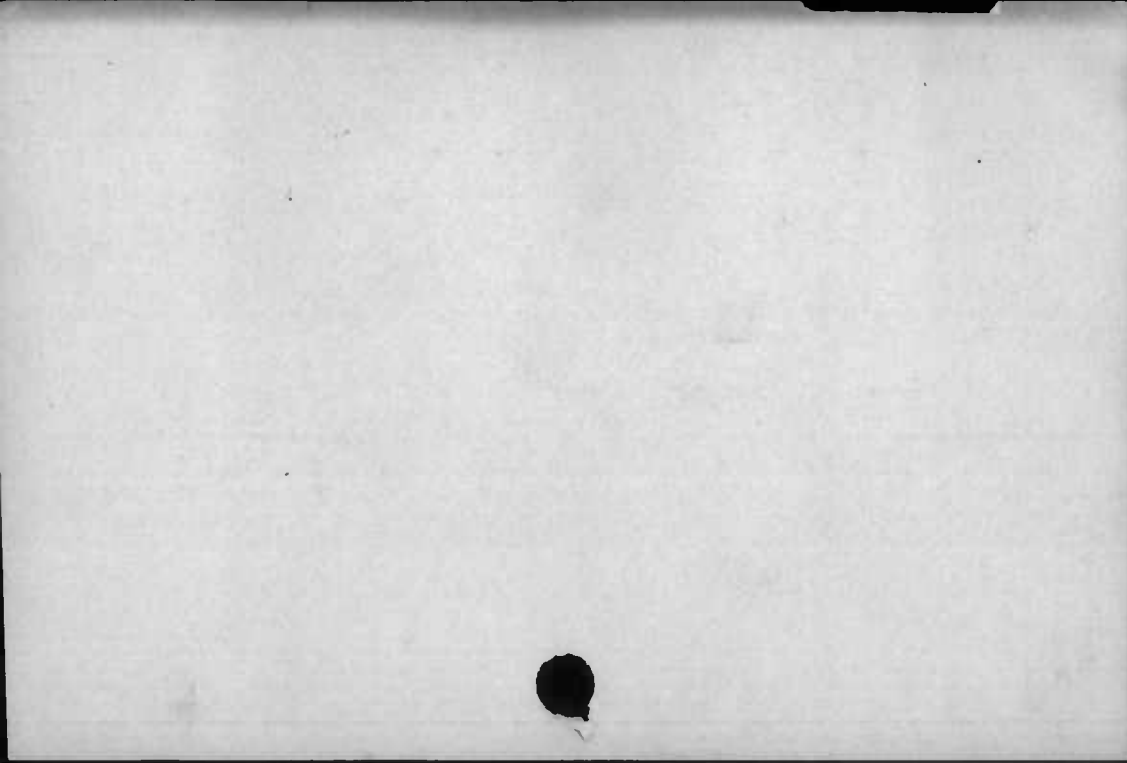
Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
PhysicianJohn W. Harrison md  
Address  
Middle River

Accident or Suicide?

no



Name in Full		John F. Gonttrum				CERTIFICATE OF DEATH	
Died at		Town		County		MARYLAND	
Date of death		Month		Day		Years	
1909		Dec		27		Age 51	
Sex		Color or Race		Birth-place		Months	
Male		White		Gardenville, Baltimore Co		10	
Occupation		Where Residing if not at place of death		Days			
Attorney at Law				11			
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace		Mother's Birthplace	
Married		Mary H Gonttrum		Germany		Germany	
Father's Name		Mother's Maiden Name		How related to deceased			
John Gonttrum		Caroline Kingle		Brother in Law			
Name of person giving information		John S Biddison					
		CAUSES OF DEATH		27			
Primary		Pulmonary Tuberculosis		How long		7 mo	
Immediate		Pulmonary Tuberculosis		How long		7 mo	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Gessy L. Long M.D.	
				Address		Hamilton	
Accident or Suicide?		No				M.D. 11	

George Schilling & Sons

Funeral Directors

N. W. Cor Disposit<sup>3</sup> & Monument etc  
Balto Md

Buried in Biddisous Family Cemetery  
Bordenville

Name  
in  
Full

William P. Gould

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1909		Month Dec		Day 16		Age 2	
Sex male		Color or Race white		Birth-place		Balto Co.	
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		Horace W. Gould		Father's Birthplace		Md	
Mother's Maiden Name		Margaret Durham		Mother's Birthplace		Md	
Name of person giving information		H. W. Gould		How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Croupous Pneumonia & diphtheria	
Immediate	Exhaustion	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician Edwin E. Jones
		Address Arlington Md
Accident or Suicide?		



Name  
in  
Full

Penelope P. Griffith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Shawen

Town

County

Balto

MARYLAND

Date

of death 1904

Month

12

Day

13

Age

Years

79

Months

4

Days

13

Sex

Female

Color or  
Race

White

Birth-  
place

Balto Co

Occupation

Housewife

Where Residing if not  
at place of death

Shawen

Married, Single  
or WidowedName of Wife or  
Husband

Edwin Griffith

Father's  
Name

John Parks

Father's  
Birthplace

Balto Co

Mother's  
Maiden Name

Margaret Swarts

Mother's  
Birthplace

Pa

Name of person giving  
Information

Wm D. Griffith

How related  
to deceased

Son

## CAUSES OF DEATH

65

Primary

Senile softening of Brain

How long

2 Years

Immediate

Effusion. coma

How long

4 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Dr W. D. Brinson

Address

Backusville Md

Accident or Suicide

PHYSICIAN  
OR CORONER

Funeral at Friends  
Cemetery Oregon on  
Thursday 15<sup>th</sup>

N. C. Brooks



Name  
in  
Full

Frank Grice

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died near Avalon

Baltimore

Date

Month

Day

Years

Months

Days

of death

1909 Dec

17

Age

81

11

29

Sex

Male

Color or  
Race

White (German)

Birth-  
place

Prussia

Occupation

None

Where Residing if not  
at place of death

Avalon, Md.

~~Married, Single~~  
or WidowedName of Wife or  
~~Husband~~

Katherine Lay

Father's  
Name

Johann Grice

Father's  
Birthplace

Prussia

Mother's  
Maiden Name

Actoyler

Mother's  
Birthplace

Prussia

Name of person giving  
Information

Rudolph Grice

How related  
to deceased

Son

## CAUSES OF DEATH

Primary

Age

How long

90

Immediate

Acute Bronchitis

How long

1 month

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
PhysicianM. R. Eareckson  
Eek Ridge, Md.

Address

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Perryman  
Barford Co  
Cowan & Gil

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Joseph Hall*

Town *312 Woodlawn Road, Roland Park* County *Baltimore* MARYLAND

Died at *312 Woodlawn Road, Roland Park*

Date of death *1901 Dec 27* Month *Dec* Day *27* Age *27* Years *27* Months *—* Days *—*

Sex *Male* Color or Race *Negro* Birth-place *Long Green*

Occupation *General Delivery Clerk* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Ferry Hall* Father's Birthplace *Long Green Md*

Mother's Maiden Name *Martha Jane Williams* Mother's Birthplace *Harrisburg Pa*

Name of person giving Information *Amber Thompson* How related to deceased *Sister*

CAUSES OF DEATH

**175**

Primary *Eating sausage meat.* How long *175*

Immediate *Insane Poisoning.* How long *2 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *C. L. Thompson M.D.* Address *312 Woodlawn Road Roland Park*

*Lawrence Humphrey* *known*

Accident or Suicide *—*

PHYSICIAN  
OR CORONER

R Sk Elliott

712/10/4 + 45.

Name  
in  
Full

William R. Hammond

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Public* TownCounty *Baltimore*

MARYLAND

Date of death *1909 Dec* Month*19* DayAge *45* YearsMonths *9**15* DaysSex *Male*Color or Race *White*Birth-place *Maryland*Occupation *Banker*Where Residing if not at place of death *1820 Eutaw Place*~~Maiden, Single~~  
or Widowed

Name of Wife or Husband

*Fannie Frost Hammond*Father's Name *William R. Hammond*Father's Birthplace *Maryland*Mother's Maiden Name *Mary G. Marshall*Mother's Birthplace *Delaware*Name of person giving information *Thomas J. Hammond*How related to deceased *Brother*

## CAUSES OF DEATH

178

PHYSICIAN  
OR CORONERPrimary *Heart Failure - Sudden death*

How long

Immediate *Fell dead in Maryland County Club*

How long

*Immediate*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

*Richd A. Buxton M.D.*

Address

*Acting Coroner*Accident or Suicide? *No.**2/14/10*

Dr Haylor Dear Sir:-

Please grant Stewart & Mowen Co  
permission to remove  
Remains to Baltimore City  
also to bury in Druid  
Ridge Cemetery

Stewart & Mowen Co

Dec 19<sup>th</sup> / 09

Jos Mowen

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

George Emory Harfale  
 Town County  
 Died at Perry Hall Baltimore  
 Date of death 1909 Dec 18 Age 27 Months 11 Days 11  
 Sex Male Color or Race white Birth-place Ind  
 Occupation Laborer Where Residing if not at place of death Same  
 Married, Single or Widowed Single Name of Wife or Husband ✓  
 Father's Name John Harfale Father's Birthplace Pa  
 Mother's Maiden Name Mary Shaffer Mother's Birthplace Pa  
 Name of person giving Information Mrs Harfale How related to deceased Father

## CAUSES OF DEATH

Primary

Apoplexy

How long

64 ✓  
Few moments

Immediate

Same

How long

Few moments

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J F H Gorsuch  
Ft Me Ind

Accident or Suicide





Name  
in  
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *Canton* Town *Balto.* County  
Date of death 1909 *Dec* Month *2nd* Day Age *10* Years *10* Months *10* Days

Sex *Male* Color or Race *White* Birth-place *Balto. Co.*  
Occupation *None*

Where Residing *815 S. Second St.*  
at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *John A. Hartmann* Father's Birthplace *Balto. Md.*

Mother's Maiden Name *Lena Barker* Mother's Birthplace *Berkley Springs, W. Va.*

Name of person giving Information *Lena Hartmann* How related to deceased *Mother*

CAUSES OF DEATH

Primary *Meningitis* How long *61* *1 week*

Immediate *Cardiac failure* How long *-*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *E. S. Neer*  
Address *619 Patterson St. W. Va.*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mount Carmel Cemetery

Dec 4<sup>th</sup> 1909

Lilly and Geiler  
Undertakers.

Name  
in  
Full

Adam Henry

## CERTIFICATE OF DEATH

MARYLAND

Died at *Tuxedo Park*County *Bulb*

Date

of death

1909

Month

*Dec*

Day

*29*

Age

Years

*74*

Months

*8*

Days

*17*

Sex

*m*Color or  
Race*White*Birth-  
place*Maryland*

Occupation

*none*Where Residing if not  
et place of death*Tuxedo Park*Married, Single  
or Widowed*widowed*Name of Wife or  
Husband*Margaret Henry*Father's  
Name*Peter Henry*Father's  
Birthplace*Mr.*Mother's  
Maiden Name*Unknown*Mother's  
Birthplace*Pa.*Name of person giving  
Information*Miss Henry*How related  
to deceased*daughter*

## CAUSES OF DEATH

*154*

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*Harry C. Algin  
340 Roland Ave*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

A. J. Marshall 3539 Hill Road.

For Dr Jan 1-1980

To New Windsor  
Md

Name  
in  
Full

CERTIFICATE OF DEATH

George W. Herfel

Town

County

MARYLAND

Died at Canton

Balto.

Date of death 1909 Dec.

Month

Day

6<sup>th</sup>

Age

Years

53

Months

Days

Sex Male

Color or  
Race

White

Birth-  
place

Balto. Md.

Occupation

Copper.

Where Residing if not  
at place of death

3409 Hudson St.

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Emily R. Herfel.

Father's  
Name

Henry Herfel.

Father's  
Birthplace

Balto. Md.

Mother's  
Maiden Name

Don't know.

Mother's  
Birthplace

Germany

Name of person giving  
Information

Emily R. Herfel

How related  
to deceased

Wife

CAUSES OF DEATH

Primary

Strangulation" due to

176

How long

Immediate

meat lodging in throat

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

W. S. Sudler M.D. Coroner

Address

3323 G. Balto St

Accident or Suicide

Accident

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

2

Oak Lawn Cemetery

Dec 10<sup>th</sup> 1909

Lilly and Zeiler

Undertakers

Name  
in  
Full

Mrs. S. V. Hill. (Wm Susan Virginia Hill) **CERTIFICATE OF DEATH**

Died at *near Alberton Balto.* **MARYLAND**

Date of death 1909 12 25 Age 57 Months 3 Days

Sex Female Color or Race White Birthplace Maryland

Occupation House Duties Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband William Hill

Father's Name Jacob C. Drums Father's Birthplace Maryland

Mother's Maiden Name A. Bell Mother's Birthplace "

Name of person giving Information Mrs. Sarah Stedman How related to deceased Sister

CAUSES OF DEATH

Primary Interstitial Nephritis How long Four mos.

Immediate Unknown How long

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Fred W. M.D.

Address Alberton Md.

Accident or Suicide

S. Hellminger & Son



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Roxbury</i> Town <i>Hillneger</i> County <i>Balto</i>		MARYLAND	
Date of death <i>1909 Dec 30<sup>th</sup></i>	Month <i>Dec</i>	Day <i>30<sup>th</sup></i>	Age <i>4</i> Years <i>1</i> Months <i>1</i> Days
Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>MD</i>	
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Friedrich Hillneger</i>	Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Minnie Schum</i>	Mother's Birthplace <i>—</i>		
Name of person giving Information <i>Minnie Hillneger</i>	How related to deceased <i>sister</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Marasmus</i>	How long <i>90</i> low long
Immediate <i>Acute Bronchitis</i>	How long <i>3 month</i> <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. C. Smith</i>
	Address <i>West Tenth Park</i>
Accident or Suicide <i>—</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

Infant of Thomas & Daisy Howard  
Pikesville Baltimore

MARYLAND

Died at Pikesville Baltimore  
Date of death 1909 12 29 Age 4  
Month Day Years Months Days

Sex Male Color or Race Colored Birth-place Pikesville Md.

Occupation \_\_\_\_\_ Where Residing if not at place of death Pikesville Md.

Married, Single or Widowed Single Name of Wife or Husband \_\_\_\_\_

Father's Name Thomas Howard Father's Birthplace Va

Mother's Maiden Name Daisy Steiner Mother's Birthplace Balt. Co.

Name of person giving Information Thomas Howard How related to deceased Father

## CAUSES OF DEATH

151

Primary Cause of death Lungs improperly expanded at birth How long \_\_\_\_\_

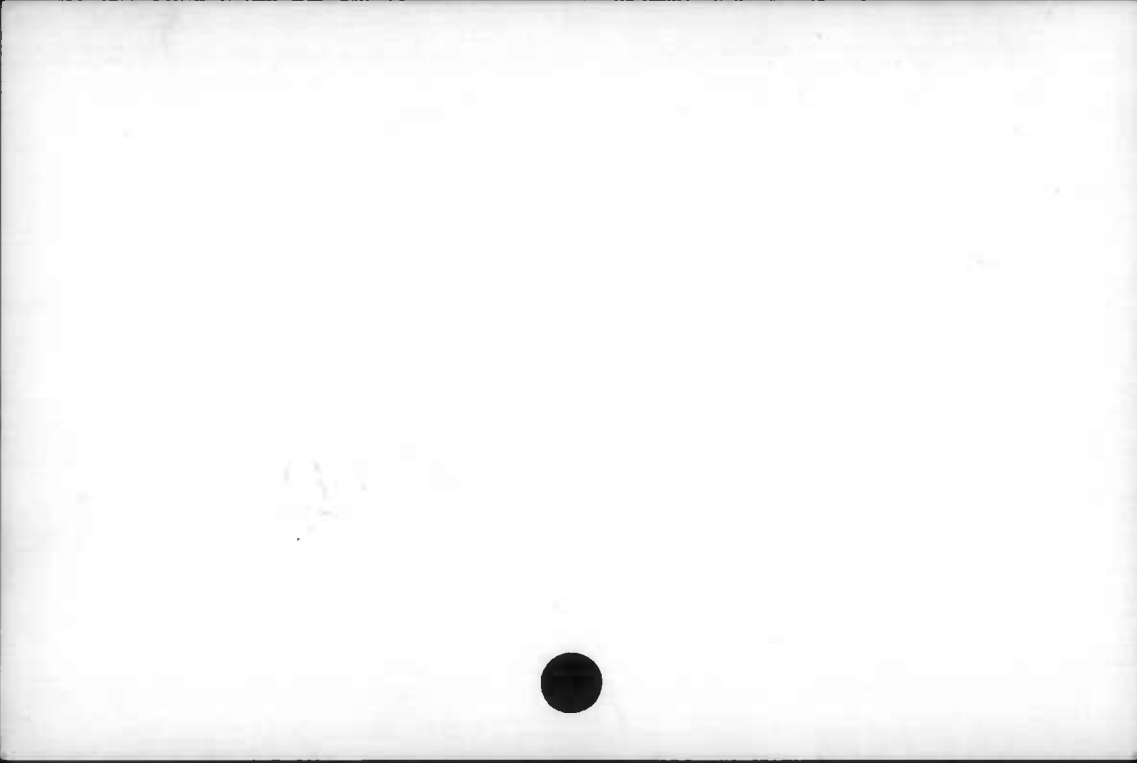
Immediate Cause of death Unknown How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? Signature of Physician St. Louis Taylor

Address Pikesville

Accident or Suicide \_\_\_\_\_

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>1909</i> <i>9</i> <i>December</i> <i>19</i> <i>Age</i> <i>72</i> <i>6</i> <i>11</i>		County <i>Baltimore</i> State <i>MARYLAND</i>	
Sex <i>male</i>	Color of Race <i>white</i>	Birth place <i>Baltimore Md</i>	
Occupation <i>Merchant. (Fish)</i>	Where Residing if not at place of death <i>same</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary Robert Huntermiller</i>		
Father's Name <i>Frederick Huntermiller</i>	Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Mathias Somerkamp</i>	Mother's Birthplace <i>Philad. Pa</i>		
Name of person giving Information <i>H. N. Huntermiller</i>		How related to deceased <i>son</i>	

## CAUSES OF DEATH

112

PHYSICIAN  
OR CORONER

Primary <i>Arterio-Sclerosis, later</i>	How long <i>5 yrs. 4 mos.</i>
Immediate <i>Sclerosis of liver. Asthenia</i>	How long <i>2 months.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>William J. Todd</i>
	Address <i>Mt Washington</i>
Accident or Suicide	

Place of burial Druid Ridge Cemetery

Henry W. Jenkins & Sons Co  
Funeral Directors

S. E. cor McCulloch & Orchard Sts.  
Baltimore Md.

Name  
in Full

Mary Jane Jackson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Columbia</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death	1909	Month	Dec.	Day	9
Sex	Female	Color or Race	Colored	Age	—
Occupation	None	Birth-place	Columbia	Months	—
Married, Single or Widowed		Name of Wife or Husband			
Single		None			
Father's Name		Marshall E. Jackson		Father's Birthplace	
Mother's Maiden Name		Ella Louise Anderson		Mother's Birthplace	
Name of person giving Information		Marshall E. Jackson		How related to deceased	
				Father	

## CAUSES OF DEATH

Primary	Asthma	How long	151
Immediate	Cardiac Failure	How long	7 hours - Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

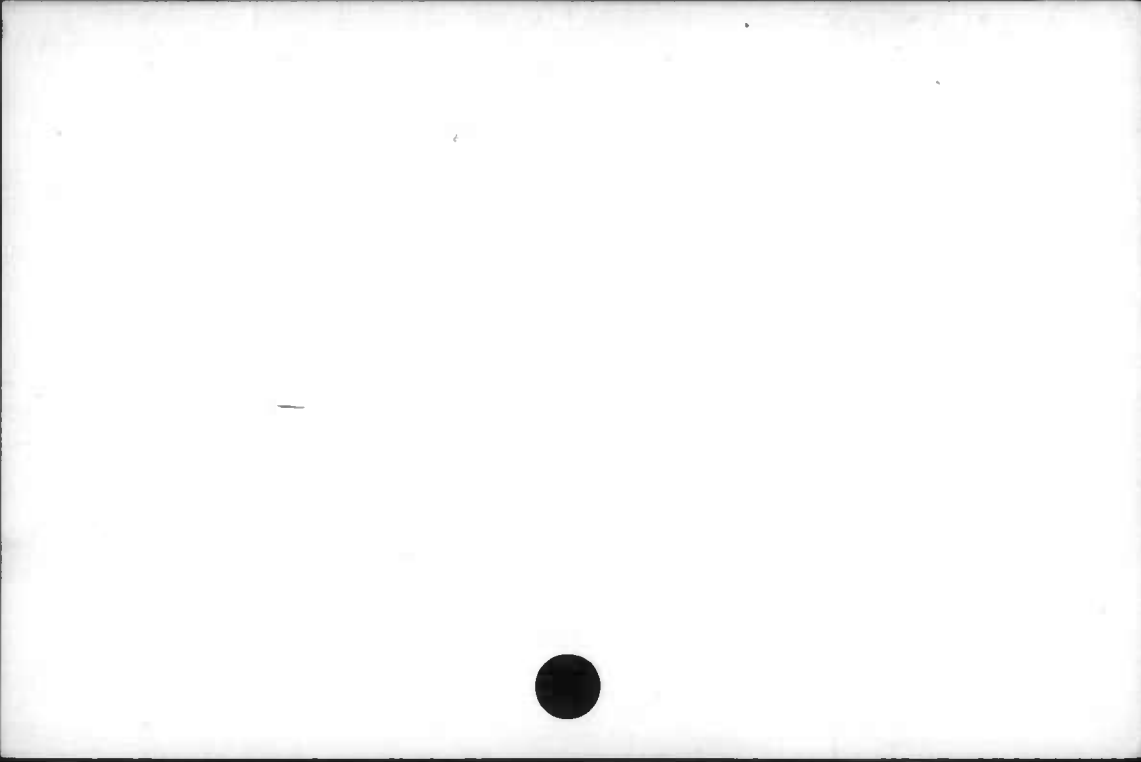
Frederick L. Pakendorf  
Coroner

Accident or Suicide

No

Columbia Md.

PHYSICIAN  
OR CORONER





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Wm. Henry James* Town *West Roland Park* County *Baltimore* MARYLAND  
Died at  
Date of death *1909 Dec 2* Month *Dec* Day *2* Age *86* Years *2* Months *14* Days  
Sex *Male* Color or Race *colored* Birth-place *Baltimore*  
Occupation *La bor* Where Residing if not at place of death  
Married, Single or Widowed *Widowed* Name of Wife or Husband *Elizabeth James*  
Father's Name *James James* Father's Birthplace *Baltimore*  
Mother's Maiden Name *Katie Alice* Mother's Birthplace *Harford Co*  
Name of person giving Information *Wm James* How related to deceased *Son*

CAUSES OF DEATH

154

Primary *Senile Dementia* How long *14 years*  
Immediate *Exhaustion* How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

*M. Gibson Fort*  
*Roland Park Md*

Accident or Suicidal *No*

~~HA~~ Zion Church  
Bologna Ave

A. S. Marshall  
3534 Fall Road

Dec 4-1909

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Not named. Johnson

Died at *near* *Relay* TownCounty *Balto Co*

MARYLAND

Date

of death 1909

Month

*Dec*

Day

*25<sup>th</sup>*

Age

Years

*12 hours*

Months

Days

Sex

*female*Color or  
Race*white*Birth-  
place*Maryland*

Occupation

*none*Where Residing if not  
at place of death*resided at place of death*Married, Single  
or Widowed*single*Name of Wife or  
Husband*\_\_\_\_\_*Father's  
Name*Charles Eugene Johnson*Father's  
Birthplace*Maryland*Mother's  
Maiden Name*Margaret Agnes Murphy*Mother's  
Birthplace*D. C.*Name of person giving  
Information*Chas E Johnson*How related  
to deceased*Father*

## CAUSES OF DEATH

Primary

*Debility from premature birth*

How long

*12 hours*

Immediate

*same*

How long

*same*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*Arthur Williams*

Address

*Elk Ridge Md*

Accident or Suicide

*no*PHYSICIAN  
OR CORONER

St Augustine  
Colkata -

Elkridge & Howard Co.

---

Johnson

Name  
in  
Full

Estelle A Johnson -

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Long Green Town Brew County MARYLAND

Date of death 1909 20 Month Dec Day 23 Age 20 Years 8 Months 2 Days

Sex Female Color or Race Black Birth-place Texas

Occupation House girl Where Residing if not at place of death Lutherell -

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name John F. Johnson Father's Birthplace Brew Co.

Mother's Maiden Name Seorgama Cox Mother's Birthplace " "

Name of person giving Information John F. Johnson How related to deceased Father

## CAUSES OF DEATH

27

Primary Stiff + Pleurisy How long more or less for 2 years

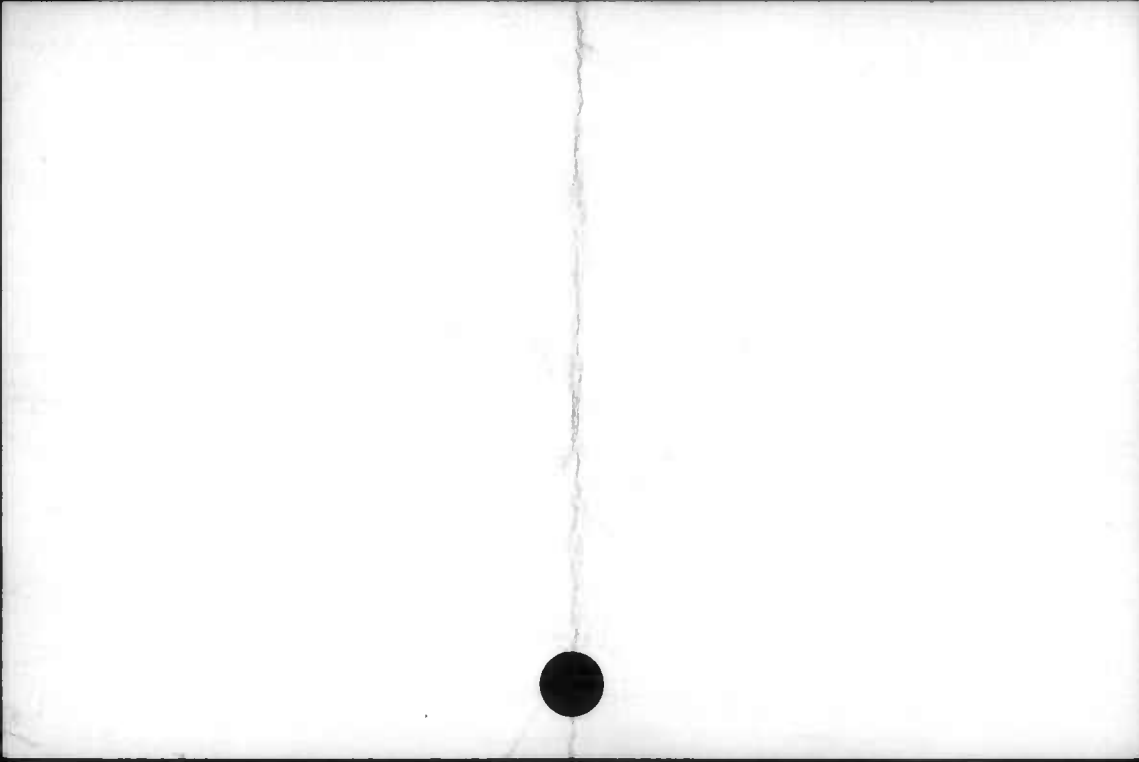
Immediate Pulmonary tuberculosis How long Not known

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician John S. Green

Address Isittins, Md.

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Still born infant Johnson

Died at Sparrow Point Baltimore

MARYLAND

Date of death 1909 Dec. 1st Age — Months — Days —

Sex male Color or Race Black Birth-place Sparrow Point

Occupation — Where Residing if not at place of death Sparrow Point

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Equire Johnson Father's Birthplace Va

Mother's Maiden Name Martha Coleman Mother's Birthplace Va

Name of person giving Information Martha C. Johnson How related to deceased mother

## CAUSES OF DEATH

Primary Premature birth (6 mo)

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

G. B. McCormick M.D.

Address

Sparrow Point

Accident or Suicide

no

Md. 15

PHYSICIAN  
OR CORONER





Name  
in  
Full

Mary Rebecca Johnson

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Catonsville <sup>County</sup> Balto.		MARYLAND	
Date of death 1909	Month Dec	Day 24	Age 2
Sex Female	Color or Race Colored	Birth-place Washington D.C.	Months 11
Occupation None	Where Residing if not at place of death Catonsville Md.		
Married, Single or Widowed —	Name of Wife or Husband —		
Father's Name Frank Johnson	Father's Birthplace Prince Geo. Co. Md.		
Mother's Maiden Name Jane Oliver	Mother's Birthplace Prince Geo. Co. Md.		
Name of person giving information Frank Johnson	How related to deceased Father		

TO BE ANSWERED BY  
NEAREST FRIEND

## CAUSES OF DEATH

Primary	Whooping Cough	How long 8	3 months
Immediate	Complications	How long	2 hrs
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician O. H. Stultz M.D.		
	Address Catonsville Md.		
Accident or Suicide?			

PHYSICIAN  
OR CORONER

Albert A. Elliott.  
Progressive G O P

Name  
in  
Full

*colored*  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Unknown, (supposed to be George Jones) *colored*

Town *Rodgers Ave near Sunbury Ave* County *Bach*

Died at *MARYLAND*

Date of death *1909 Dec.* Month *9* Day *9* Age *not known* Years *not known* Months *not known* Days *not known*

Sex *male* Color or Race *not known* Birth-place *not known*

Occupation *not known* Where Residing if not at place of death *not known*

Married, Single or Widowed *single* Name of Wife or Husband *Heallie Jones*

Father's Name *Thomas Jones* Father's Birthplace *not known*

Mother's Maiden Name *not known* Mother's Birthplace *not known*

Name of person giving Information *William J. Iron* How related to deceased *none*

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

167

Primary *Suffocation.* How long *not known*

Immediate *Burning of Stables* How long *not known*

Are the name, age, sex, color, data and place correctly given above? *not known* Signature of Physician *William J. Iron*

Verdict of Coroner *by accident* Address *111 Washington NW*

Accident or Suicide *accident* *Lawrence Murphy, coroner*

Head, legs left arm burned off  
Right fore arm burned off.  
Sternum and anterior ribs burned.

Name  
in  
Full

Harry D. Kallh

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Woodlawn Town Balto County MARYLAND

Date of death 190 9 Month Dec Day 11<sup>th</sup> Age 21 Months — Days —

Sex male Color or Race white Birth-place Ind

Occupation Laborer Where Residing if not at place of death —

Married, Single or Widowed single Name of Wife or Husband —

Father's Name Frank Kallh Father's Birthplace Ind

Mother's Maiden Name Emma Weaver Mother's Birthplace Ind

Name of person giving Information John Kallh How related to deceased Brother

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

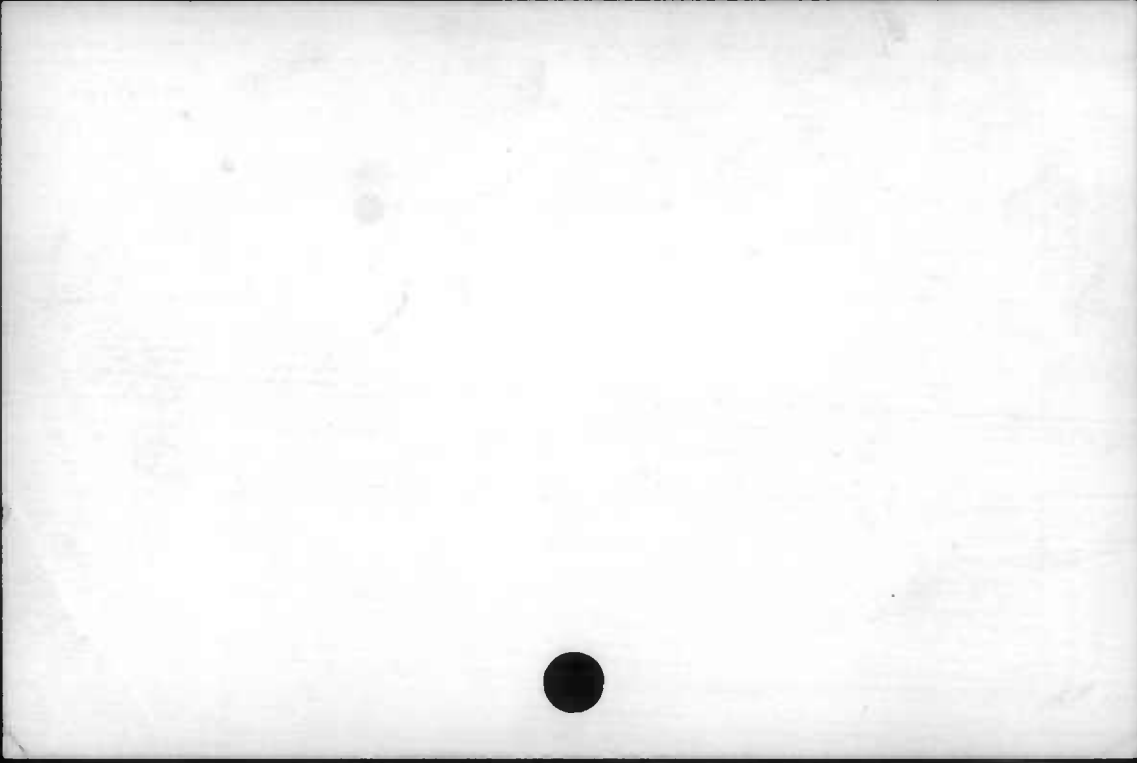
Primary Lobar Pneumonia How long 6 days

Immediate Respiratory Failure How long 6 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician A. C. Summink Address West Point Bch. Md.

Accident or Suicide —



Name  
in  
Full

Ellen Kavanaugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Diad at <sup>Town</sup> Mt Hope Retmah <sup>County</sup> Baltimore MARYLAND

Date of death 1909 <sup>Month</sup> Dec <sup>Day</sup> 20<sup>th</sup> Age 68 <sup>Months</sup> not known <sup>Days</sup> not known

Sex Female Color or Race White Birth-place Ireland

Occupation Housework Where Residing if not at place of death Baltimore

~~Marrried, Single or Widowed~~ Widow Name of Wife or Husband — not known

Father's Name not known Father's Birthplace not known

Mother's Maiden Name " " Mother's Birthplace " "

Name of person giving Information Reeds Mt Hope Retmah How related to deceased not at all

CAUSES OF DEATH

68

PHYSICIAN  
OR CORONER

Primary Melancholia How long over 3 yrs

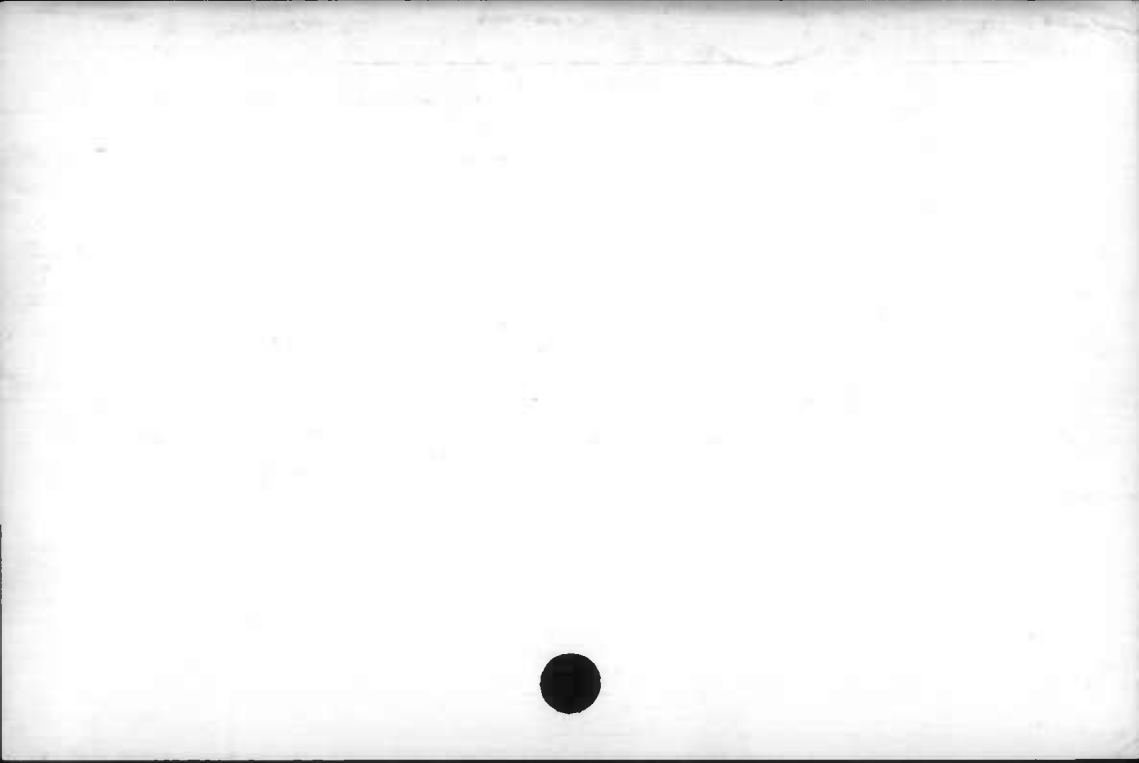
Immediate Ex. Cardiac Nephemia also 6 wks How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Frank J. Flannery

Address Mt Hope Retmah Baltimore Md.

Accident or Suicide





Name  
in  
Full

*Luke Kelly*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

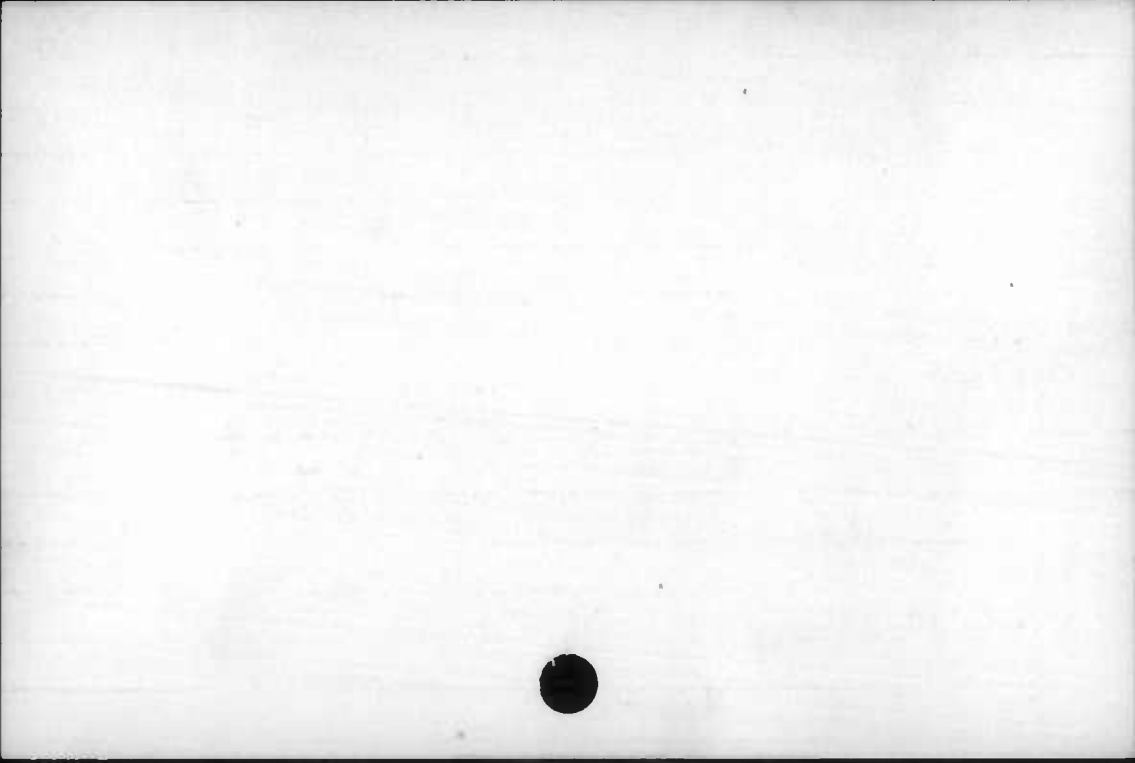
Died at <i>216 D. St. Sparrow's Point</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1909</i>		Month <i>December</i>	Day <i>Sunday</i>	Age <i>61</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Inays, Ireland.</i>			
Occupation <i>Blacksmith</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Margaret, A.</i>					
Father's Name <i>Luke Kelly</i>		Fether's Birthplace <i>Inays, Ireland.</i>					
Mother's Maiden Name <i>Julia Welsh</i>		Mother's Birthplace <i>Inays, Ireland.</i>					
Name of person giving information <i>Margaret Ann Kelly</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

**64**

PHYSICIAN  
OR CORONER

Primary <i>Apoplexy</i>	How long <i>1/2 hour</i>
Immediate <i>Apoplexy</i>	How long <i>1/3 hour</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. K. Peltekian M.D.</i>
	Address <i>Sparrow's Point, Md.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

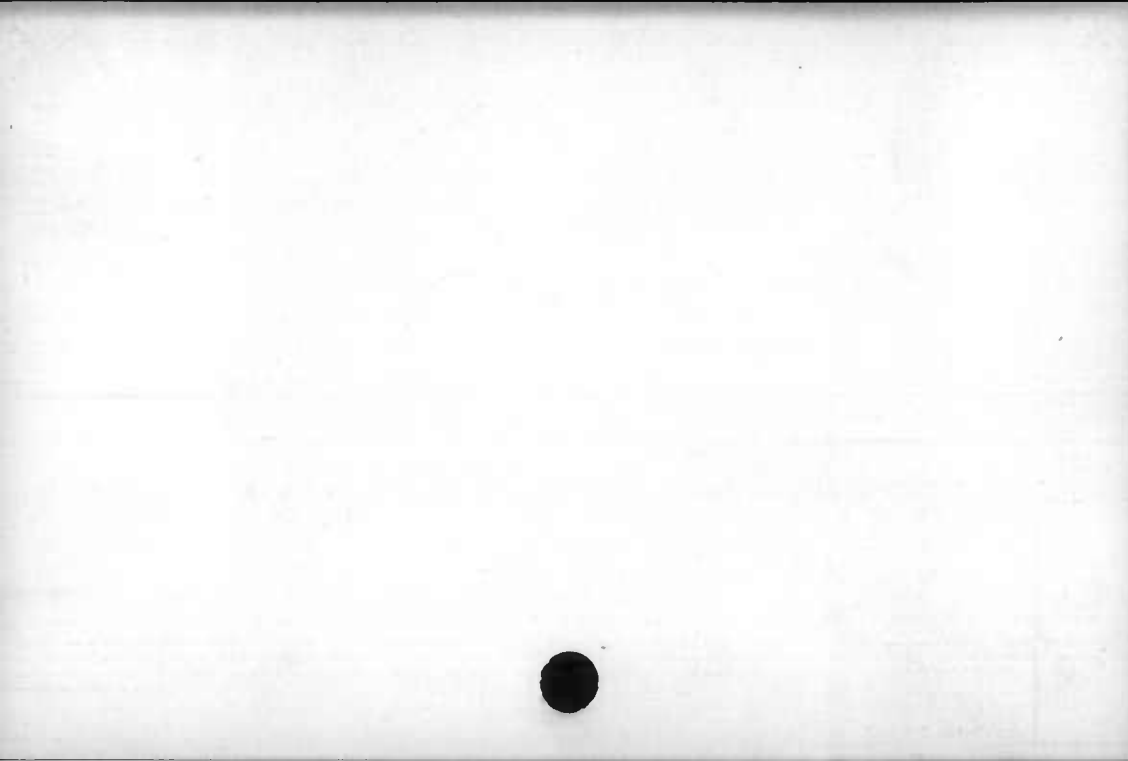
Name in Full <b>Adam Kniff</b>		Town <b>West Arlington</b>		County <b>Baltimore</b>		State <b>MARYLAND</b>	
Died at <b>West Arlington</b>		Month <b>Dec</b>		Day <b>9</b>		Years <b>75</b>	
Date of death <b>1909</b>		Month <b>Dec</b>		Day <b>9</b>		Years <b>75</b>	
Sex <b>Male</b>		Color or Race <b>white</b>		Birth-place <b>Baltimore Md.</b>		Months <b>10</b>	
Occupation <b>retired ranch owner</b>		Where Residing if not at place of death <b></b>		Months <b>10</b>		Days <b>10</b>	
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>none</b>		Father's Birthplace <b>Germany</b>		Mother's Birthplace <b>Germany</b>	
Father's Name <b>Jacob Kniff Sr.</b>		Mother's Maiden Name <b>Margaret Gengnagle</b>		How related to deceased <b>sister</b>		Name of person giving information <b>Mrs. Maggie Kniff</b>	

## CAUSES OF DEATH

125

PHYSICIAN  
OR CORONER

Primary <b>Prostatic enlargement</b>		How long <b>several years</b>	
Immediate <b>Uremic Coma</b>		How long <b>5 days</b>	
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>A. E. Kniff M.D.</b>	
		Address <b>1002 N. Linnale Baltimore City</b>	
Accident or Suicide? <b></b>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Johanna M. Kotschenreuther</i>		Town <i>Highlandtown</i>		County <i>Balto.</i>		MARYLAND	
Died at <i>Highlandtown</i>		Month <i>Dec.</i>		Day <i>18</i>		Age <i>39</i>	
Date of death <i>1909</i>		Month <i>Dec.</i>		Day <i>18</i>		Age <i>39</i>	
Sex <i>F.</i>		Color or Race <i>W.</i>		Birthplace <i>Balto.</i>			
Occupation <i>House w.</i>		Where Reiding if not et place of death <i>Highlandtown</i>					
Married, Single, or Widowed <i>Single</i>		Name of Wife or Husband <i>John Kotschenreuther</i>					
Father's Name <i>—</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>					
Name of person giving Information <i>John Kotschenreuther</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary	<i>Gastritis</i>	How long <i>Nov 15th to</i>
Immediete	<i>Yes.</i>	How long <i>Nov 17, 1909.</i>
Are the name, age, sex, color, data and place correctly given above?	<i>Yes.</i>	Signature of Physician <i>J. W. Weber M.D.</i>
		Address <i>1721 Canton av</i>
Accident or Suicide		

Wendell Dippel & Son  
330 S. Bond St.

Sacred Heart Cem.

Dec. 20<sup>th</sup> / 09

---

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Albin G. Leaman

Town  
Parkville

County

Baltimore

MARYLAND

Died at

Date

of death 190

9 Dec

Month

Day

17

Age

Years

78

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Montgomery Co. Md.

Occupation

Contractor & builder

Where Residing if not  
at place of death

Parkville

Married, Single  
or Widowed

Name of Wife or  
Husband

Ann Catherine

Father's  
Name

not known

Father's  
Birthplace

(?)

Mother's  
Maiden Name

not known

Mother's  
Birthplace

(?)

Name of person giving  
Information

A. E. R. Beck

How related  
to deceased

My wife's  
uncle.

CAUSES OF DEATH

64

Primary

Senility

How long

?

Immediate

Cerebral Hemorrhage

How long

?

Are the name, age, sex, color, date  
and place correctly given above?

To best  
of our ability.

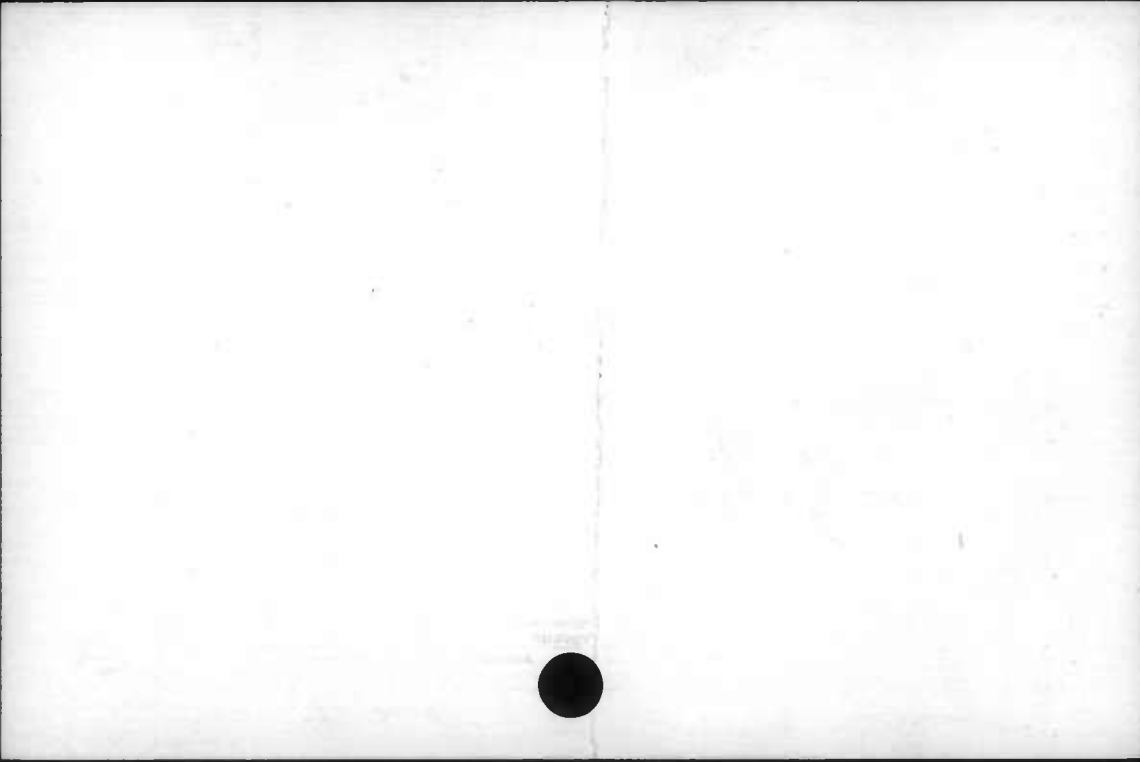
Signature of  
Physician

Address

G. H. Hutchins

1230 Light St.

Accident or Suicide





Name in Full		Certificate of Death			
Still Born Lemke		Maryland			
Died at 301 S. Highland Ave		County Baltimore			
Date of death 190		Month 12	Day 28	Age	Years Months Days
Sex Male		Color or Race W.		Birth-place 301 S. Highland	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband Geo + Annie J Lemke			
Father's Name Geo Lemke		Father's Birthplace Balt			
Mother's Maiden Name Annie J. Hammond		Mother's Birthplace Balt			
Name of person giving information		How related to deceased			
CAUSES OF DEATH					
Primary		Still Born			
Immediate		How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
Yes		Address			
Accident or Suicide?		148 E. Highland Ave			

Dec 28/09

Mt Carmel

H. Sander & Sons

Name  
in  
Full

Jesse F Lemon

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Healthorpe</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	1909	Month	12	Day	20	Age	about 28
Sex	Male		Color or Race	White		Birth-place	unknown
Occupation	Flagman		Where Residing if not at place of death	#709 Randall St Balto			
Married, Single <del>Widowed</del>	yes		Name of Wife or Husband	M. Helen			
Father's Name	unknown		Father's Birthplace	unknown			
Mother's Maiden Name	unknown		Mother's Birthplace	unknown			
Name of person giving Information	C. H. Manner					How related to deceased	none

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORNER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Accident or Suicide	Address

*struck by work train*  
*Engine #798*

*Robert C Clarke*  
*St Denis*  
*MD*

*killed instantly*

Jesse F. Lemmon  
aged 37 years

New Cathedral  
J J Fakay.

Name  
in  
Full

Mrs Margaret C. Lindauer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> *near Catonsville*County *Baltimore*Date  
of death *1909*Month *Dec*Day *7*

Age

Years *32*Months *2*Days *1*Sex *Female*Color or  
Race *White*Birth-  
place *Baltimore*Occupation *Housewife*Where Residing if not  
at place of deathMarried, Single  
or Widowed *Married*Name of Wife or  
Husband *George T. Lindauer*Father's  
Name *John T. Brisl*Father's  
Birthplace *Germany*Mother's  
Maiden Name *Margaret Michael*Mother's  
Birthplace *Baltimore*Name of person giving  
In formation *George T. Lindauer*How related  
to deceased *Stepfather*

## CAUSES OF DEATH

Primary *Pulmonary Phthisis*How long *27 months*Immediate *Syncope*

How long

Are the name, age, sex, color, date  
and place correctly given above? *Yes*Signature of  
Physician *Samuel M. Mummert*Address *Stilwell, Ind*Accident or Suicide? *No*

Joseph Jordens & Sons.  
Madison Avenue -

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

(Loper) George A

Town Leatonville County Patto **MARYLAND**

Died at Leatonville

Date of death 190 9 Dec Day 23 Age 69 Months    Days   

Sex Male Color or Race white Birth-place Maryland

Occupation Farmer Where Residing if not at place of death X

Married, Single or Widowed Married Name of Wife or Husband X

Father's Name unk Father's Birthplace unk

Mother's Maiden Name unk Mother's Birthplace unk

Name of person giving Information    How related to deceased   

CAUSES OF DEATH

119

How long

2 yrs

How long

4 days -

PHYSICIAN  
OR CORONER

Primary Senile Dementia

Immediate Acute Brights Disease

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Percy Wade

Address Leatonville, Md

Accident or Suicides No.

M. Doyle & Son  
Leonards' Town.



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Jaynes McNally</i>		Town <i>Reisterstown</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Reisterstown</i>		Month <i>Dec</i>		Day <i>12</i>		Age <i>41</i>	
Date of death <i>1909 Dec 12</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balto co Md</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Arlington Md</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Harvey McNally</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Elizabeth Robinson</i>		Mother's Birthplace <i>Ireland</i>					
Name of person giving Information <i>Joseph McNally</i>		How related deceased <i>Brother</i>					

CAUSES OF DEATH

Primary

How long  
*166*

Immediate

*Killed Emory grove Electric Car*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*John H Beckley acting Coroner*  
*Reisterstown Md*

Accident or Suicide

Michael H Berntz

Name  
in  
Full

Ruth A. Huber McCallough

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

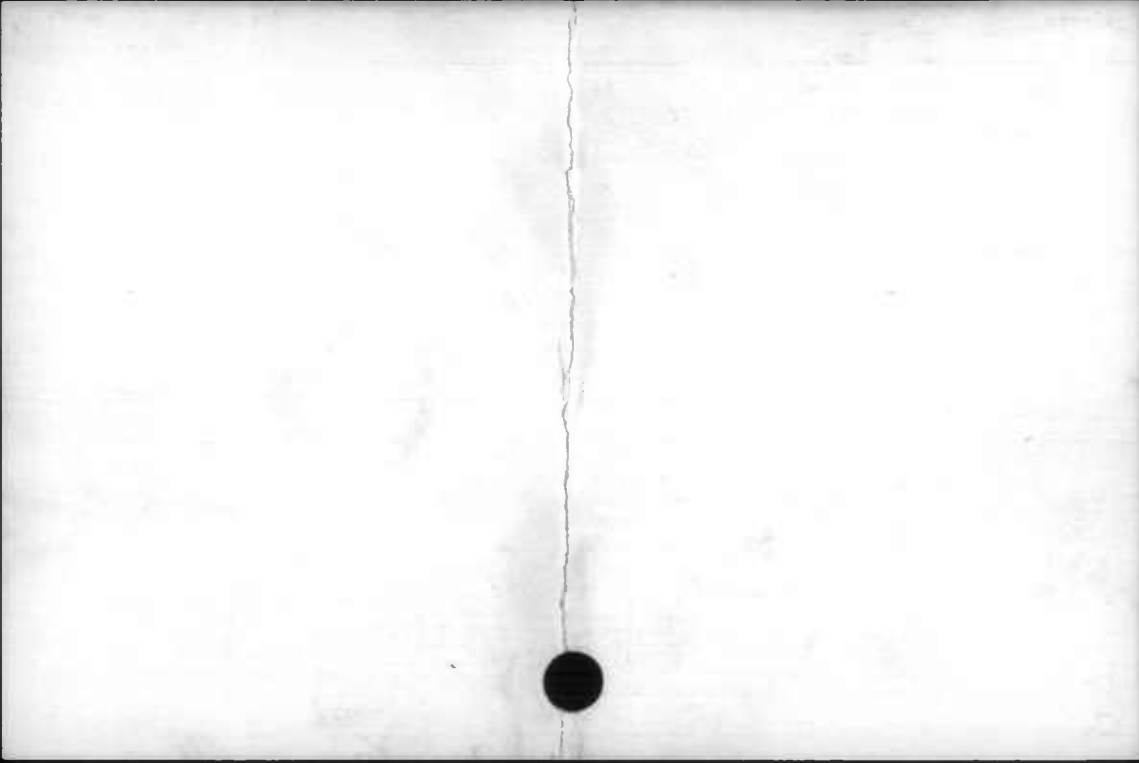
Died at <u>near Parkston</u>		County <u>Ballo-</u>		MARYLAND	
Date of death	190 9	Month	12	Day	6
Age	5-	Years	7	Months	11
Sex	Female	Color or Race	White-	Birth-place	Parkston Ind
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name	<u>Irven. E. McCallough</u>		Father's Birthplace	<u>Rayville Ind</u>	
Mother's Maiden Name	<u>Sarah Rosella Cole</u>		Mother's Birthplace	<u>Evma. Ind</u>	
Name of person giving Information	<u>Irven. E. McCallough</u>		How related to deceased	<u>Father</u>	

## CAUSES OF DEATH

113

Primary	<u>Gaundies Indigestion</u>	How long	<u>2 weeks</u>
Immediate	<u>Abdominal Biliary Calculi, Convulsions</u>	How long	<u>24 hrs</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Dr. D. W. Fresh</u>
		Address	<u>Hampstead Ind</u>
Accident or Suicide			

PHYSICIAN  
OR CORONER



Name  
in  
Full

John P. Mellonee

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Stevenson</u> <sup>Town</sup>		<u>Baltimore</u> <sup>County</sup>		MARYLAND	
Date of death	190 <u>9</u>	Month <u>12</u>	Day <u>23</u>	Age <u>82</u>	Years <u>82</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Balt. Co. Md</u>		
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Stevenson</u>				
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>Elyia A. Mellonee</u>				
Father's Name <u>Hepheiah Mellonee</u>	Father's Birthplace <u>Balt. Co. Md</u>				
Mother's Maiden Name <u>Elyia A. Buckingham</u>	Mother's Birthplace <u>Carroll Co. Md</u>				
Name of person giving Information <u>Ephraim Mellonee</u>	How related to deceased <u>Son</u>				

## CAUSES OF DEATH

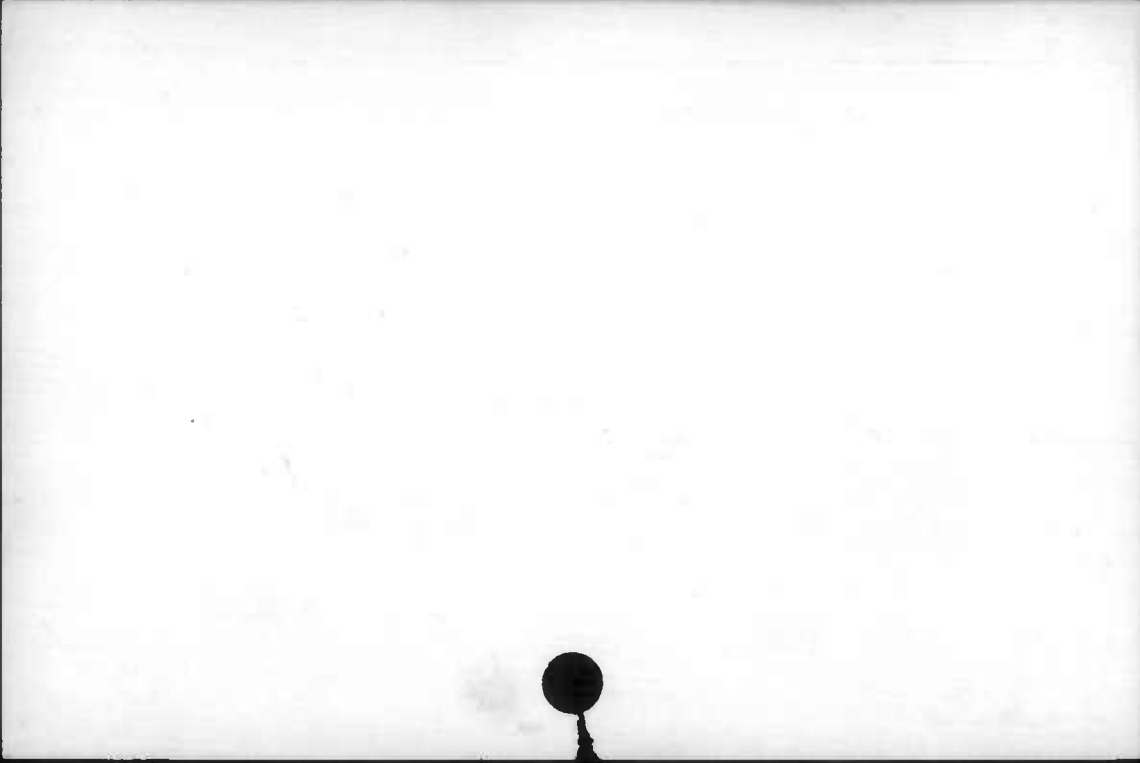
Primary <u>Arterio Sclerosis</u>	How long <u>Several years -</u>
Immediate <u>Exhaustion</u>	How long <u>7 weeks -</u>

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

H. Louis Naylor  
Pikesville  
MdAccident or Suicide —



Name  
in  
Full

CERTIFICATE OF DEATH

William Eliezer Matthews

Town

County

MARYLAND

Died at Cowson

Date of death 1909 Dec.

Month

Day

29

Age

Years

Months

Days

21

Sex

male

Color or  
Race

Col

Birth-  
place

md.

Occupation

Infant

Where Residing if not  
at place of death

Cowson

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

not married

Father's  
Name

Joseph Matthews

Father's  
Birthplace

md.

Mother's  
Maiden Name

Maggie Johnson

Mother's  
Birthplace

Name of person giving  
Information

Maggie Matthews

How related  
to deceased

Grandmother

CAUSES OF DEATH

Primary

Congenital Debility

How long

21 days

Immediate

Cardiac Asthma

How long

12 hours

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

J. G. Stoner M.D.  
Cowson md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Johns Buns Sons

Townson

Johns Buns

At Sandy Bottom  
Cemetary



Name  
in  
Full

Nicholas Weckheim

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		12	28	47		9	23
Sex	Male	Color or Race	W.	Birth-place			
Occupation	Farmer		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband				
Adeline Weckheim							
Father's Name	Joshua Weckheim				Father's Birthplace	Md	
Mother's Maiden Name	Kazia Smith				Mother's Birthplace	Md	
Name of person giving information	Mr. J. Peel				How related to deceased	Sister	

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Mitral Regurgitation	How long	5 years
Immediate	Acute Dilatation of Heart	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	A. C. Smith
		Address	West Forest Park
Accident or Suicide?			

Joe B Cook

Mt. Olivet

Name  
in  
Full

CERTIFICATE OF DEATH

Margaret A. Mulligan  
Town *Beltsville* County *Baltimore*

MARYLAND

Died at *Beltsville* Month *9* Day *12* Year *1909* Age *11* Months *1* Days *3*

Date of death 1909 *9* *12* Age *11*

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *None* Where Residing if not at place of death *Same*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *James E. Mulligan* Father's Birthplace *Baltimore*

Mother's Maiden Name *Agnes A. Stahl* Mother's Birthplace *"Ind"*

Name of person giving Information *James E. Mulligan* How related to deceased *Father*

CAUSES OF DEATH

Primary *Myocarditis* How long *7 days*

Immediate *Myocarditis* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

*J. L. Sudham*  
*3323 E. Baltimore St*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

7th Cross cemetery

John A. Moran

Danb + family

Name  
in  
Full

Helen Kapierski

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town *Highlandtown* County *Balto.*

Died at *Highlandtown Balto.*

Date of death 190*9* Month *Dec* Day *14<sup>th</sup>* Age *—* Months *5* Days *—*

Sex *Female* Color or Race *White* Birth-place *Balto. Md.*

Occupation *None* Where Residing ~~if not~~ at place of death *3729 Foster Ave*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Julius Kapierski* Father's Birthplace *Germany*

Mother's Maiden Name *Mary Bertowski* Mother's Birthplace *" "*

Name of person giving Information *Mary Kapierski* How related to deceased *Mother*

## CAUSES OF DEATH

Primary

*Pneumonia*

How long

*93*

How long

Immediate

Are the name, age, sex, color, data and place correctly given above?

Signature of Physician

Address

*W. J. Sudler M.D.*

*335 3rd Balto. Md.*

Accident or Suicide

PHYSICIAN  
OR CORONER

St. Stanislaus Cemetery

Dec 16<sup>th</sup> 1909

Lilly and Zeiler

Undertakers

Name in Full		John C. Newviller				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Annapolis	County Baltimore		MARYLAND	
	Date of death		Month Dec.	Day 16	Years 75	Months 3	Days 28
	Sex		Male		Color or Race	White	
	Occupation		Street power		Birth-place	Baltimore City	
					Where Residing if not at place of death		
	Married, Single or Widowed		Married		Name of Wife or Husband Emma Marion Newviller		
PHYSICIAN OR CORONER	Father's Name		John B Newviller		Father's Birthplace		Germany
	Mother's Maiden Name		Johanna Strocker		Mother's Birthplace		Germany
	Name of person giving information		Emma M Newviller		How related to deceased		daughters
	CAUSES OF DEATH						(79)
	Primary		Mitral heart disease				How long One year
Immediate		Dropsy				How long 20 days	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Edwin B. Tenby, M.D.	
				Address		1219 N. Caroline St. Baltimore Md. 14	
Accident or Suicide?		No					

George Schilling & Sons  
Funeral Directors

N. W. Cor Aisquith & Monument at  
Balto Md

for Burial in Baltimore Cemetery  
Dec 18<sup>th</sup> 1909



Name  
in  
Full

Thomas Nolan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		Dec	22 <sup>nd</sup>	Age 48	Not Known		
Sex	Male	Color or Race	White		Birth-place	Ireland	
Occupation	Laborer			Where Residing if not at place of death			Beltsville
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Not Known				Father's Birthplace	Not Known	
Mother's Maiden Name	"				Mother's Birthplace	"	
Name of person giving Information	Beeds Mt Hope				How related to deceased	Not at all	

CAUSES OF DEATH

68

PHYSICIAN  
OR CORONER

Primary	Mamie Chronic		How long	over 23 yrs
Immediate	Exhaustion		How long	Two or three mos.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Frank J. Flannery		
		Address		
		Mt Hope Beltsville		
		Balto Co Ma.		
Accident or Suicide				



Name  
in  
Full

*Oliver Morris*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Roslyn</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>9</i> <sup>Month</sup> <i>12</i> <sup>Day</sup> <i>6</i>		Age <i>70</i> <sup>Years</sup>		<sup>Months</sup> <i>—</i> <sup>Days</sup> <i>—</i>	
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Bald Co.</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Roslyn</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Rebecca Norris</i>				
Father's Name <i>Do not know</i>		Father's Birthplace <i>Do not know</i>			
Mother's Maiden Name <i>Do not know</i>		Mother's Birthplace <i>Do not know</i>			
Name of person giving Information <i>Wynona Norris</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

**66**

PHYSICIAN  
OR CORONER

Primary <i>Hemiplegia</i>	How long <i>6 hours</i>
Immediate <i>Cerebral Anemia</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. C. Smith</i>
	Address <i>West-Forest Park.</i>
Accident or Suicide <i>—</i>	

Bury at Good Hope  
Cemetery

J. H. Kraft

Undertaker

Name  
in  
Full

Margaret E Olmer

## CERTIFICATE OF DEATH

Died at <i>Baltimore</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	<i>1909</i>	Month <i>Dec</i>	Day <i>24</i>	Age <i>37</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>George F Olmer</i>				
Father's Name <i>Clement Astendorf</i>	Father's Birthplace <i>Germany</i>		Mother's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Catherine Herzog</i>	Name of person giving information <i>George F Olmer</i>		How related to deceased <i>Husband</i>		

TO BE ANSWERED BY  
NEAREST FRIEND

## CAUSES OF DEATH

Primary <i>Grippe</i>	How long <i>10 days</i>
Immediate <i>Pneumonia Lobar</i>	How long <i>6</i>

Are the name, age, sex, color, date and place correctly given above?

*Yes*

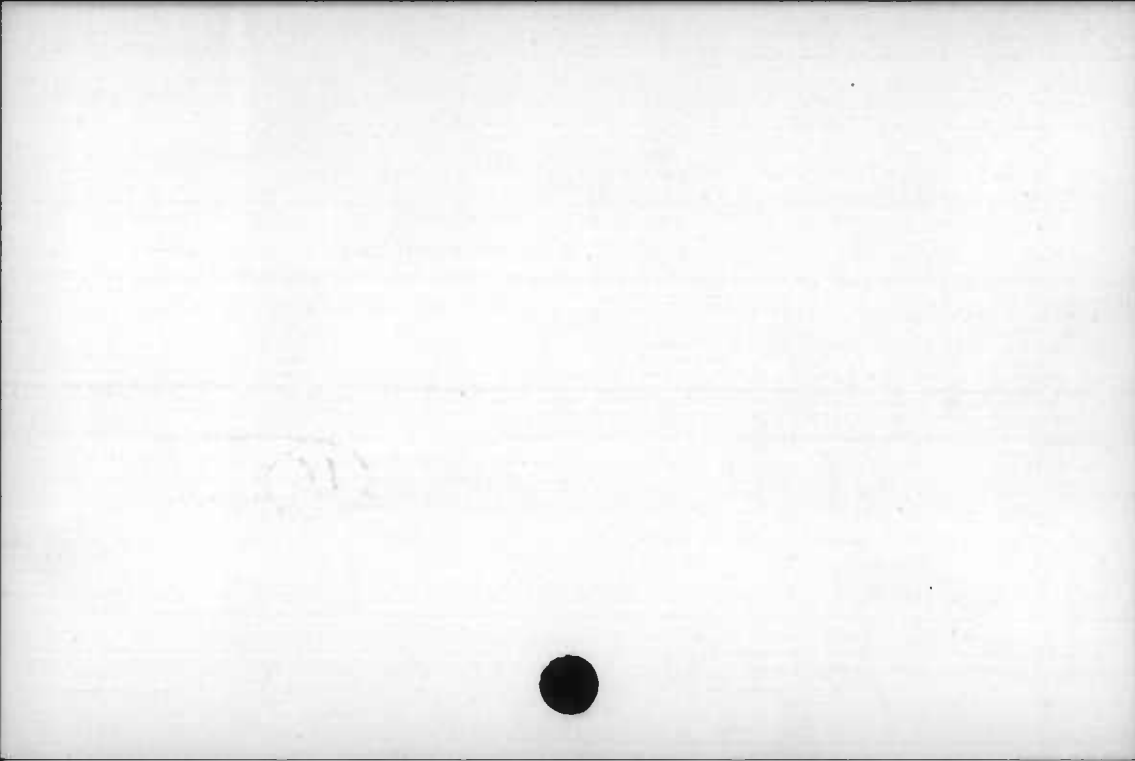
Signature of Physician

*Dr Charles L Haupt*

Address

*Baltimore Md*

Accident or Suicide?



Name  
in  
Full

Rosetta Owens

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> 207 Fall Road <sup>County</sup> Balto., MARYLAND

Date of death 1909 <sup>Month</sup> Dec <sup>Day</sup> 20 <sup>Age</sup> 69 <sup>Years</sup> 4 <sup>Months</sup> <sup>Days</sup>

Sex Female Color or Race Colored Birth-place Balto

Occupation Cook Where Residing if not at place of death as a boarder

Married, Single or Widowed Widow. Name of Wife or Husband John Owens.

Father's Name John Moor Father's Birthplace Balto

Mother's Maiden Name Rosella Moor. Mother's Birthplace " "

Name of person giving Information Rosetta. Water. How related to deceased daughter

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Organic Dementia How long Indefinite

Immediate Hypertension of lungs How long Gradually increasing for several days

Are the name, age, sex, color, date and place correctly given above? *js*

Signature of Physician R. B. Norment - M.D.

Address 3543 Chestnut Ave  
Baltimore Md

Accident or Suicide

A S Marshall  
3539 Fall Road

Dec 22-09 to Laurel Country  
Baltimore City -



## CERTIFICATE OF DEATH



Name  
in  
Full

## CERTIFICATE OF DEATH

Margaret C. Phillips

Town

County

Died at

Near Owings Mill 13 also

MARYLAND

Date

of death

1909

Month

12

Day

26

Age

Years

19

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Md.

Occupation

Teacher

Where Residing if not  
at place of death

Near Owings Mill

Married, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Do Not Know

Father's  
Birthplace

Do Not Know

Mother's  
Maiden Name

Do Not Know

Mother's  
Birthplace

Do Not Know

Name of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

176

Primary

Fatal shot wound head

How long

Immediate

Murder

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

William C. Coyle

Address

Acc. Coroner  
Pikeville Md

Accident or Suicide

Murder

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

To Move Body  
1216 Washer St

Name  
in  
Full

Helen LO Pittroff

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Overlea

County

Baltimore

MARYLAND

Date

of death

1909

Dec

Day

7

Age

Years

24

Months

3

Days

3

Sex

Female

Color or  
Race

White American

Birth-  
place

Baltimore Md.

Occupation

None

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Nams of Wife or  
Husband

Edw L. Pittroff

Father's  
Name

A. Booker Pittroff

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Armonia E

Mother's  
Birthplace

"

Name of person giving  
Information

Edw L. Pittroff

How related  
to deceased

Husband

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

about 18 mos.

How long

Immediste

Are the nama, age, sex, color, dste  
and place correctly given above?

Yes

Signature of  
Physician

Mr. Delany Thomas M.D.

Address

633 W. Carrollton Ave

Accident or Suicida

PHYSICIAN  
OR CORONER

6

100-100  
Mr. Gauthier  
North Ave  
Baltimore Cemetery

Name  
in  
Full

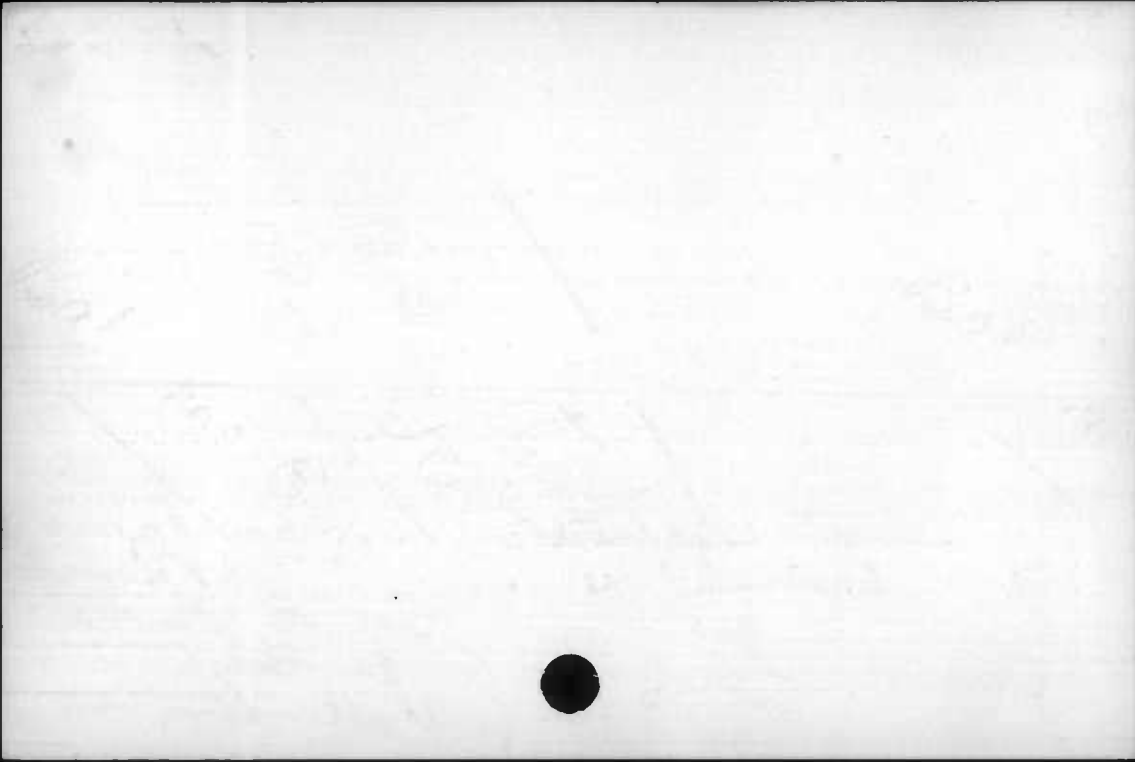
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St. Agnes Hospital</i> <sup>Town</sup> <i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death <i>1909</i> <sup>Month</sup> <i>Dec.</i> <sup>Day</sup> <i>11</i> <sup>Years</sup> <i>81</i>	<sup>Months</sup>		<sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ireland</i>	
Occupation <i>None</i>	Where Residing if not at place of death <i>St. Agnes Hospital</i>		
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Unknown</i>		
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>"</i>	Mother's Birthplace <i>"</i>		
Name of person giving information <i>Hospital Records</i>	How related to deceased		

## CAUSES OF DEATH

Primary	<i>Partial strangulated ventral hernia, Mesenteric thrombosis - gangrene gut.</i>	How long	<i>5 days.</i>
Immediate	<i>Obstruction</i>	How long	<i>18 hrs.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature Physician	
<i>Yes</i>		Address	<i>Fred M Cronk St Agnes Hospital.</i>
Accident or Suicide? <i>no</i>			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Elizabeth Rodrick*

Died at *Highland* <sup>Town</sup> *Baltimore* <sup>County</sup> *MARYLAND*

Date of death 190*9* <sup>Month</sup> *Dec.* <sup>Day</sup> *31* Age <sup>Years</sup> *59* <sup>Months</sup> *5* <sup>Days</sup> *20*

Sex *Female* Color or Race *White* Birth-place *Germany*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Widowed* Name of ~~Wife~~ <sup>Husband</sup> *John F. Rodrick*

Father's Name *John Young* Father's Birthplace *Germany*

Mother's Maiden Name *Not Known* Mother's Birthplace *Not Known*

Name of person giving Information *Martha McDonogh* How related to deceased *Daughter*

## CAUSES OF DEATH

Primary *Chronic Nephritis* *several years*

Immediate *uraemia* *48 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Jac. R. Quastner*


Address *34 South Highland Ave. Md.*

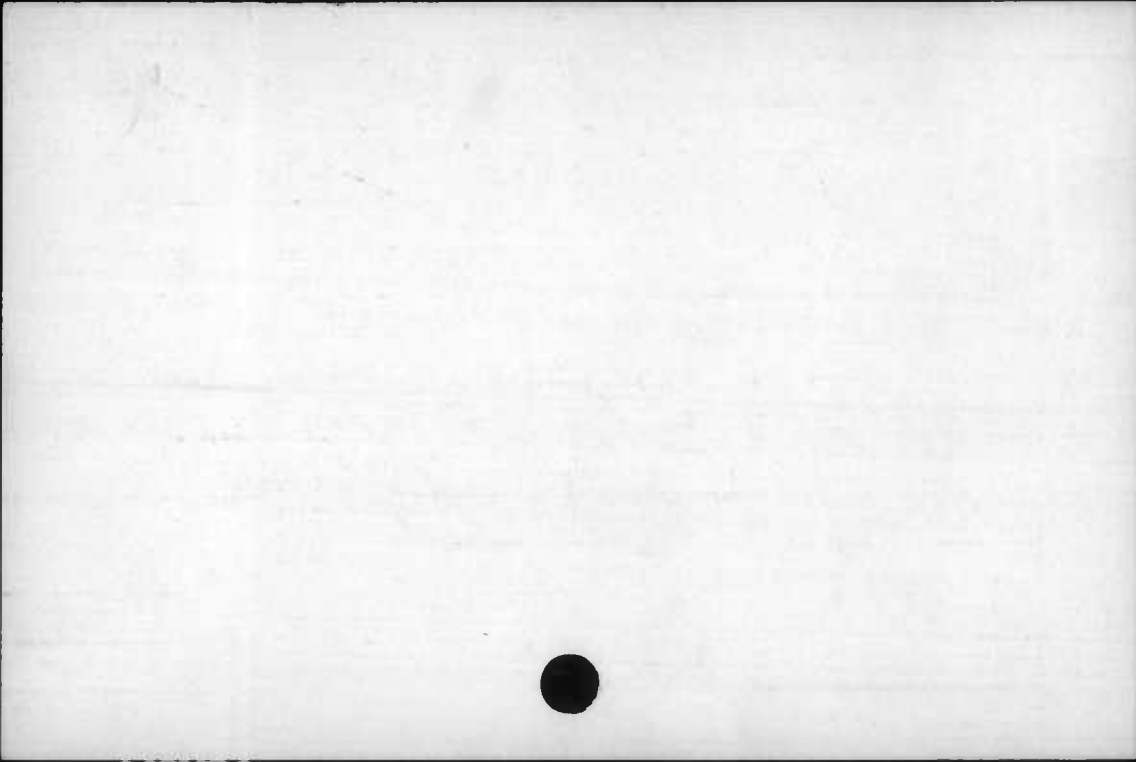
Accident or Suicide *no*

PHYSICIAN  
OR CORONER

Wm. Larnell  
Jan 4/10  
H. J. Larnell & Sons

L. J. Larnell

Name in Full		Rueckerh				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Hamilton Town		Baltimore County		MARYLAND	
	Date of death	1909	Dec	26	Age	—	4 hrs
	Sex	Male		Color or Race	white		Birth-place
	Occupation	—		Where Residing If not at place of death		at place of death	
	Married, Single or Widowed	—		Name of Wife or Husband		—	
	Father's Name	Geo. F. Rueckerh				Father's Birthplace	Baltimore
	Mother's Maiden Name	Rosa W. List				Mother's Birthplace	Baltimore Co
Name of person giving information	Wm. H. Rueckerh				How related to deceased	Brother	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(131)</div>							
PHYSICIAN OR CORONER	Primary	Premature Birth					How long
	Immediate	Premature Birth					How long
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	George H. Long M.D.	
					Address	Hamilton	
Accident or Suicide?		no					



Name  
in  
Full

George M. Ruhl

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mt. Vernon</i>		County <i>Balt</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>Dec.</i>	Day <i>4</i>	Age <i>44</i>	Years	Months
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Balt. Md</i>		
Occupation <i>druggist</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Carril Ruhl</i>				
Father's Name <i>Henry Ruhl</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Mary Kratz</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>L. H. Ruhl.</i>	How related to deceased <i>Brother</i>				

## CAUSES OF DEATH

119

PHYSICIAN  
OR CORONER

Primary <i>Acute Nephritis</i>	How long <i>6 days</i>
Immediate <i>Exhaustion</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank H. Ruhl</i>
	Address <i>Lansdowne, Balt. Co.</i>
Accident or Suicide?	

Robt. Brooks & Son  
Linden  
Park

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Roslyn</i> Town		<i>Bolton</i> County		MARYLAND	
Date of death	<i>9 Dec</i>	Month	<i>11</i>	Day	<i>10</i>
Age	<i>8</i>	Years	<i>10</i>	Months	<i>10</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Roslyn</i>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>Edie L. Russell</i>		Father's Birthplace	<i>Roslyn</i>	
Mother's Maiden Name	<i>Alice C. Russell</i>		Mother's Birthplace	<i>Baltimore</i>	
Name of person giving information	<i>Mrs. J. Russell</i>		How related to deceased		

## CAUSES OF DEATH

85

PHYSICIAN  
OR CORONER

Primary	<i>Rheumatism &amp; Lupus</i>	How long	<i>4 months</i>
Immediate	<i>Branchiomatous nephritis &amp; uremia</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>A. C. Smith</i>
		Address	<i>West Forest Park</i>
Accident or Suicide?	<i>—</i>		

Druid Ridge.

J. B. Cook.



Name in Full <b>Thomas Pearce Sappington</b>		CERTIFICATE OF DEATH	
Died at <b>Catonville</b> <sup>Town</sup> <b>Baeth.</b> <sup>County</sup>		MARYLAND	
Date of death <b>Dec. 8 1909</b>	Month <b>Dec.</b>	Day <b>8</b>	Age <b>62</b> Years <b>10</b> Months <b>15</b> Days
Sex <b>male</b>	Color or Race <b>white</b>	Birth-place <b>Ind. Co. Ind.</b>	
Occupation <b>Physician</b>	Where Residing if not at place of death <b>Unionville</b>		
Married, Single or Widowed <b>Single</b>	Name of Wife or Husband <b>Emma N. Motman</b>		
Father's Name <b>Granbury B. Sappington</b>	Father's Birthplace <b>England</b>		
Mother's Maiden Name <b>Sagar Pearce</b>	Mother's Birthplace <b>England</b>		
Name of person giving information <b>Clifford I. Sappington</b>	How related to deceased <b>Son</b>		
CAUSES OF DEATH			
Primary <b>Chronic Int. Nephritis</b>	How long <b>120</b> <b>year</b>		
Immediate <b>Uremic Poison (Com)</b>	How long <b>24 hours</b>		
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>John F. Cherry M.D.</b>		
	Address <b>Catonville</b>		
Accident or Suicide? <b>no</b>			

Jos B Cook  
of  
Frederick Md

Name  
in  
Full

Katharine Shriver

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Sheppard & Enoch Pratt Hosp* *Towson* *Towson* County *Balto.*  
 Date of death *1904* *Dec* *6* Age *31* Months *?* Days *?*  
 Sex *Female* Color or Race *White* Birth-place *Maryland*  
 Occupation *None* Where Residing if not at place of death *Union Mills Md.*  
 Married, Single or Widowed *Single* Name of Wife or Husband \_\_\_\_\_  
 Father's Name *H. Airt Shriver* Father's Birthplace *Md*  
 Mother's Maiden Name *Kate (Huebrenner)* Mother's Birthplace *?*  
 Name of person giving Information *E. W. Dush* How related to deceased *Physn*

CAUSES OF DEATH

Primary *Brain Disease (with Insanity)* How long *Chronic*  
 Immediate *Pneumonia* How long *3 days*  
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *E. W. Dush*  
 Address *Sheppard & Enoch Pratt Hosp*  
*Towson Md*  
 Accident or Suicide *No*

PHYSICIAN  
OR CORONER

Westminster Md

Dec 7/909

Wm Cook

502 E North Ave

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Maggie Smith</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at <i>Broadway</i>		Month <i>Dec</i>		Day <i>11</i>		Years <i>1</i>	
Date of death <i>1909</i>		Age <i>11</i>		Months <i>1</i>		Days <i>7</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Baltimore Co. Md</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Daniel Smith</i>		Father's Birthplace <i>Baltimore Co. Md</i>					
Mother's Maiden Name <i>Mary Lizzie Radlaur</i>		Mother's Birthplace <i>Washington D.C.</i>					
Name of person giving Information <i>Mrs. Smith</i>		How related to deceased <i>Mother</i>					

## CAUSES OF DEATH

Primary	<i>Pneumonia</i>	How long <i>3 days</i>
Immediate	<i>Toxaemia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signatures of Physician <i>Fredrick L. Pakendorf</i>
<i>Yes.</i>		Address <i>Coroner, Catonville, Md.</i>
Accident or Suicide		

PHYSICIAN  
OR CORONER



Name  
in  
Full

Frank W. Snyder

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

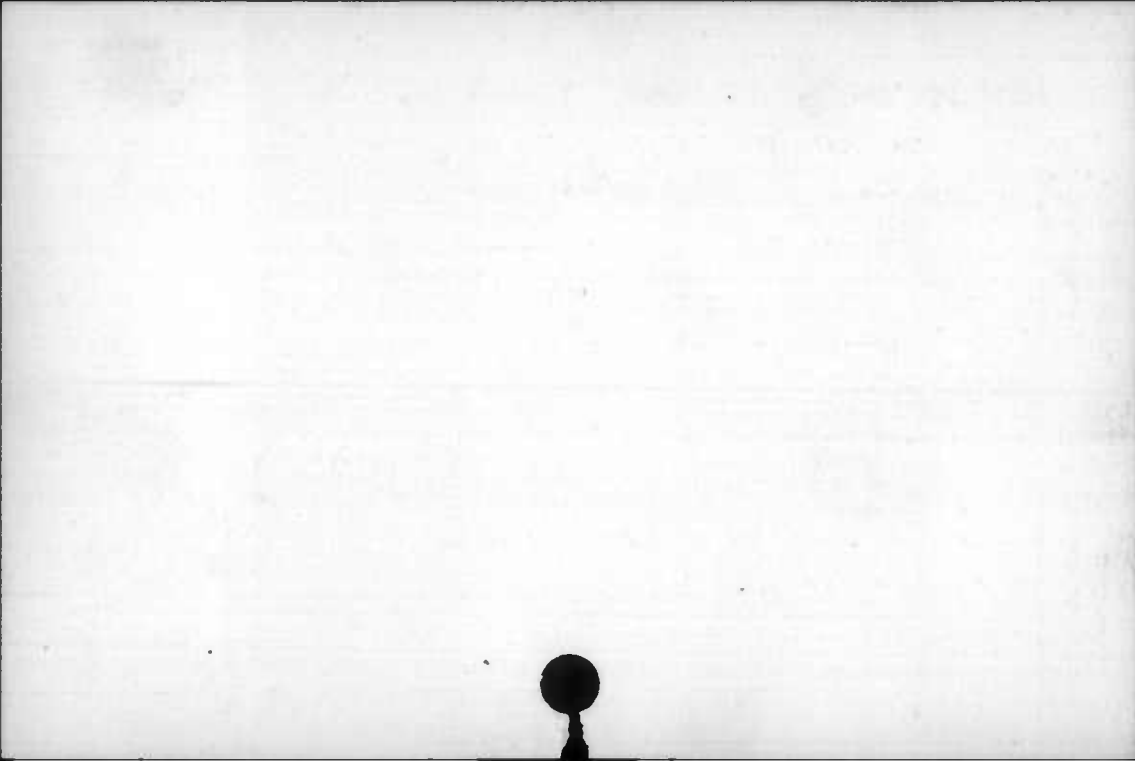
Died at <b>St Agnes Hospital</b> <small>Town</small>		<b>Baltimore</b> <small>County</small>		<b>MARYLAND</b>	
Date of death <b>1909</b> <small>Month</small> <b>Dec</b> <small>Day</small> <b>3</b>		Age <b>43</b> <small>Years</small>		<small>Months</small> <b>—</b> <small>Days</small> <b>—</b>	
Sex <b>male</b>		Color or Race <b>white</b>		Birth-place <b>md</b>	
Occupation <b>former</b>		Where Residing if not at place of death <b>Sykesville</b>			
Married, Single or Widowed		Name of Wife or Husband <b>Gerila Snyder</b>			
Father's Name <b>George W Snyder</b>		Father's Birthplace <b>unknown</b>			
Mother's Maiden Name <b>Mary S Snyder</b>		Mother's Birthplace <b>unknown</b>			
Name of person giving information <b>Mary S Snyder</b>		How related to deceased <b>Mother</b>			

## CAUSES OF DEATH

103

PHYSICIAN  
OR CORONER

Primary <b>Gastric Ulcers - perforation</b>	How long <b>5 weeks</b>
Immediate <b>Gen. Peritonitis fol. perforation peptic ulcer.</b>	How long <b>8 days</b>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <b>Fred Y. Crook</b>
<b>Yes</b>	Address <b>St Agnes Hospital</b>
Accident or Suicide? <b>No</b>	





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Bertha Dittie

MARYLAND

Died at *Putty* <sup>Town</sup> *hell* <sup>County</sup> *Batto* *Co*

Date of death 190*9* <sup>Month</sup> *Dec* <sup>Day</sup> *12* Age *55* <sup>Years</sup>

<sup>Month</sup> <sup>Days</sup>

Sex *female* Color or Race *white*

Birth-place *Baltimore Md*

Occupation *house wife* Where Residing if not at place of death

Married, Single or Widowed ☒ Married Name of Wife or Husband

Father's Name *Coon Rod hartman*

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information *Howard Horne*

How related to deceased *Son-in-law*

CAUSES OF DEATH

Primary *General Debility*  
Immediate *Failure of Vital Forces*

*179*  
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Lingard Whitford*  
Address *Fullerton, Md.*

*Robert J my knowledge*

Accident or Suicide

PHYSICIAN  
OR CORONER

Entertainment  
St Josephs Church

Geo W. Braum  
undertaker

Name  
in  
Full

Earl Stalligs

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

Baltimore

Town

Baltimore

County

Date

of death

1909

Month

Dec.

Day

31

Age

Years

Months

1

Days

9

Sex

Male

Color or  
Race

White

Birth-  
place

Maryland

Occupation

None

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Robert H. Stalligs

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Annie A. Boyer

Mother's  
Birthplace

Maryland

Name of person giving  
Information

Annie A. Stalligs

How related  
to deceased

Mother

## CAUSES OF DEATH

93

Primary

Pneumonia

How long

2 days

Immediate

Cardiac Syncope

How long

one day

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

D.W. Jones M.D.  
3116 Oronoke St.

Accident or Suicide

PHYSICIAN  
OR CORONER

Mr. Carnel

Jan 2/10~~th~~

H. Lander & Son

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Kalharina Elisabeth Stumpf*

Town *Cham* County *Baltimore* MARYLAND

Died at *Cham*

Date of death 1909 *Dec* Month *13* Day *83* Age *9* Months *18* Days

Sex *female* Color or Race *white* Birthplace *Germany*

Occupation *None* Where Residing if not at place of death

Married, Single or Widowed *Widow* Name of Wife or Husband *John Stumpf*

Father's Name *Not known* Father's Birthplace *Germany*

Mother's Maiden Name *Not known* Mother's Birthplace

Name of person giving information *Frederick Rortter* How related to deceased *Husband of Grand daughter*

CAUSES OF DEATH

Primary *Heart failure* How long *179*

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

Address

*Jas F. Kiblar*  
*Cham*

Accident or Suicide



Name  
in  
Full

Mary P. Swann

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Mt Hope Retreat <sup>County</sup> Balto MARYLAND

Date of death 1909 <sup>Month</sup> Dec <sup>Day</sup> 24 Age <sup>Years</sup> 59 <sup>Months</sup> <sup>Days</sup>

Sex Female Color or Race White Birth-place Md -

Occupation none Where Residing if not at place of death Md -

Married, Single or Widowed Single Name of Wife or Husband

Father's Name not known Father's Birthplace not known

Mother's Maiden Name not known Mother's Birthplace not known

Name of person giving Information Reeds Mt Hope How related to deceased not at all

CAUSES OF DEATH

69

PHYSICIAN  
OR CORONER

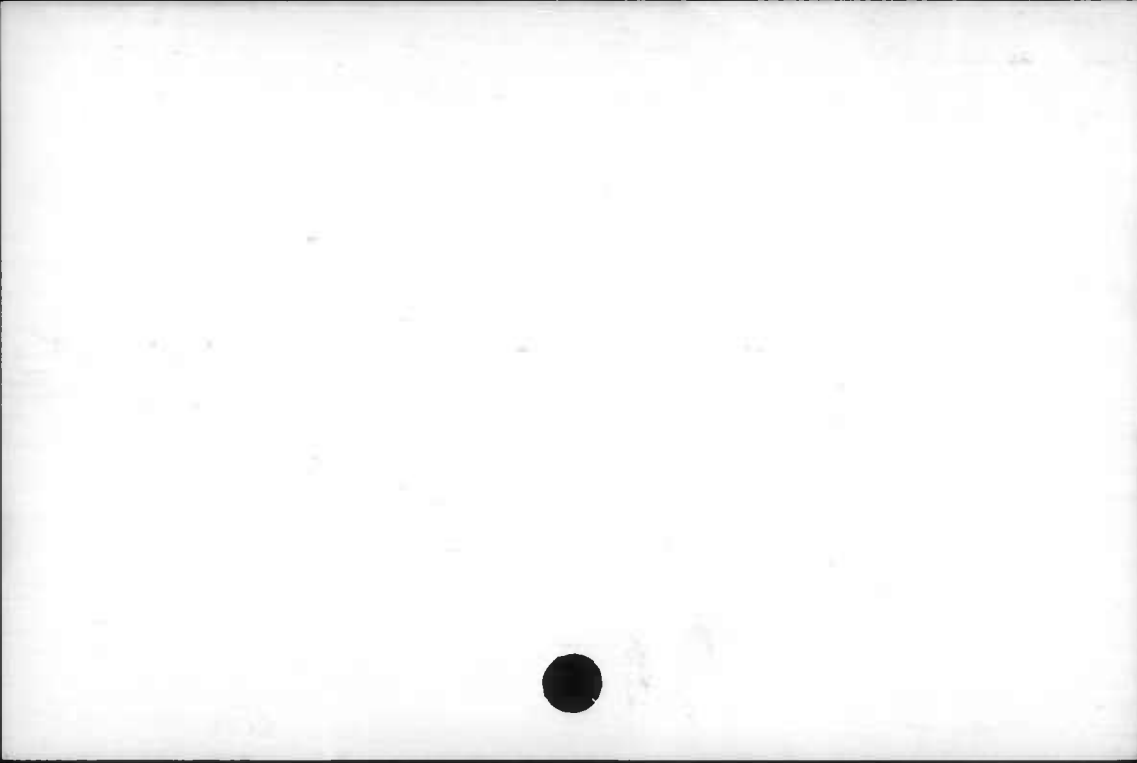
Primary Mania Epileptic How long Since 1st year

Immediate Status Epilepticus - a few yrs - How long

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Frank J. Flannery

Address Mt Hope Retreat Md -

Accident or Suicide





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Georgetown</i>		Town		<i>Bald</i>		County	
Date of death <i>1909</i>		Month <i>12</i>		Day <i>15</i>		Age <i>64</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birthplace <i>Germany</i>		Months <i>8</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>I am</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Louisa B. Roberts</i>					
Father's Name <i>Jacob Jordan</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Elizabeth Lauer</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving Information <i>Louisa Sweet</i>		How related to deceased <i>wife</i>					

## CAUSES OF DEATH

Primary	<i>coronal hemorrhage</i>	How long	<i>12 hours</i>
Immediate	<i>Same</i>	How long	<i>12 "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>L. F. G. G. G. G.</i>	
		Address <i>A. F. G. G. G.</i>	
Accident or Suicide			

PHYSICIAN  
OR CORONER



Name  
in  
Full

Baby. Swennay.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

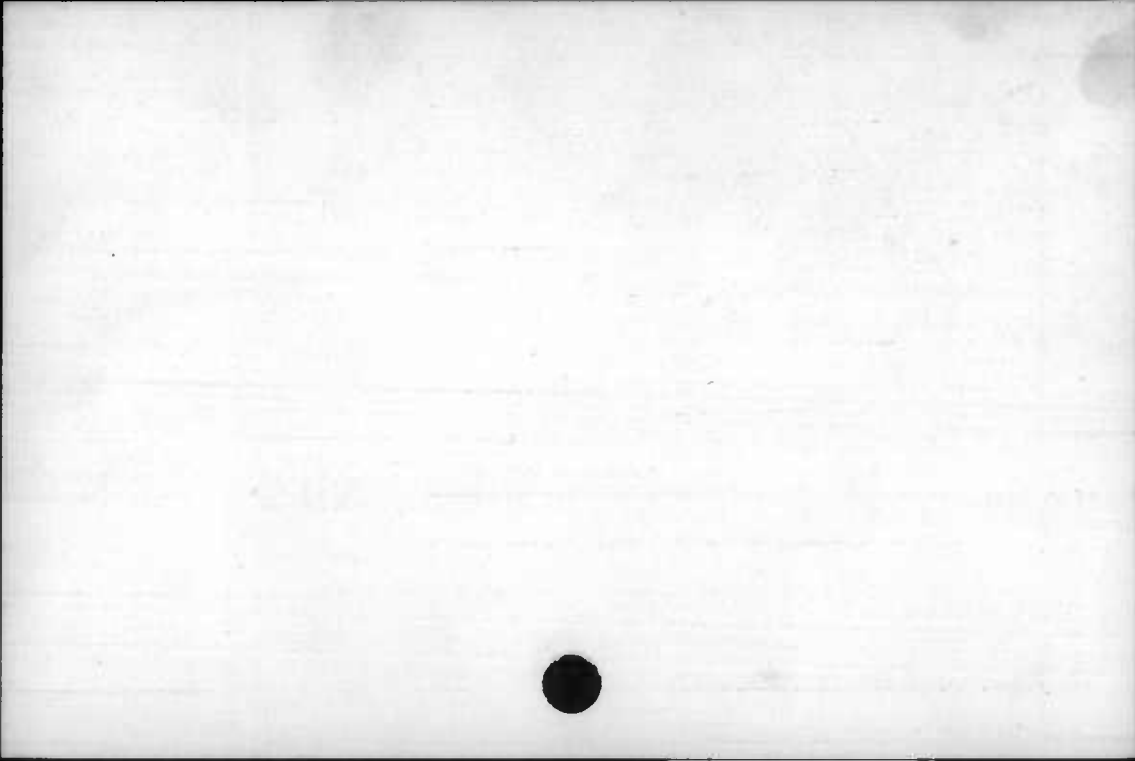
MARYLAND

Died at <i>Catonville</i> <sup>Town</sup>		<i>Balto</i> <sup>County</sup>			
Date of death <i>1909</i>	<i>Dec</i> <sup>Month</sup>	<i>5</i> <sup>Day</sup>	Age <i>9 mos</i> <sup>Years</sup>	<i>in</i> <sup>Months</sup>	<i>Utero</i> <sup>Days</sup>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Catonville</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>Catonville</i>		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>none</i>			
Father's Name <i>Daniel Swennay</i>			Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Maggie O'Brien</i>			Mother's Birthplace <i>Ireland</i>		
Name of person giving information <i>Daniel Swennay</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still Born.</i>	How long <i>8</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Marshall B. West</i>	
	Address <i>Catonville Md.</i>	
<del>Accident or Suicide?</del>		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

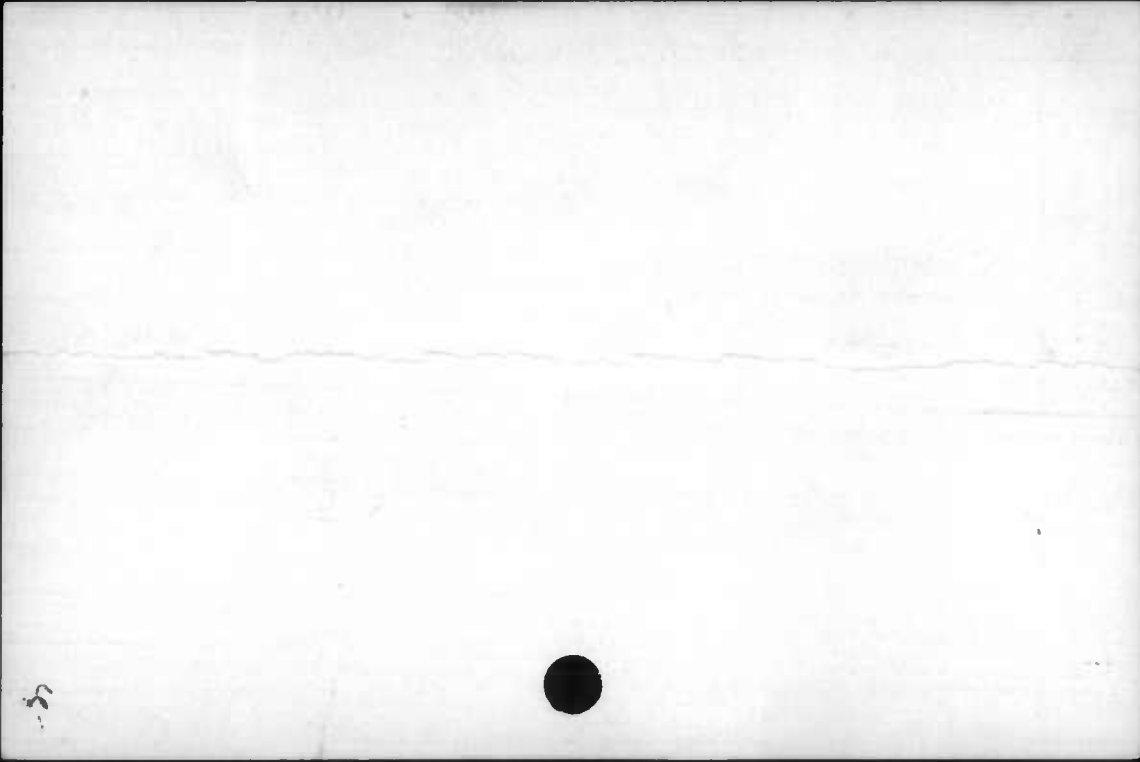
Died at <i>Wilmington</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death <i>1909 Dec</i>	Month	Day	Age <i>61</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>7 days</i>
Immediate <i>Pulmonary Edema + Heart Failure</i>	How long <i>24 hrs.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. D. Wells</i>
<i>Yes -</i>	Address <i>1401 Houghton St. Baltimore Md.</i>
Accident or Suicide?	



Name  
in  
FullMillinder B. Tracey  
Towa County

## CERTIFICATE OF DEATH

MARYLAND

Died at Reisterstown

Date

of death

1909 Dec

Day

4

Age

Years

87

Months

Days

Sex

Female

Color or  
Race

white

Birth-  
place

Reisterstown Md

Occupation

None

Where Residing if not  
at place of deathMarried, Single  
or Widowed

widow

Name of Wife or

~~Tracey~~Father's  
Name

John Tracey

Father's  
Birthplace

Batto, Co. Md

Mother's  
Maiden Name

Sarah A Flinchum

Mother's  
Birthplace

Batto, Co. Md

Name of person giving  
Information

Annie Ambrose

How related  
to deceased

Daughter

## CAUSES OF DEATH

Primary

Valvular disease of Heart

How long

79

3 yrs

Immediate

Hypostatic Congestion Lungs

How long

10 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

H. M. Seader

Address

Reisterstown Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Ray. Vance</i>		Town <i>Pikesville</i>		County <i>Balto</i>		State <i>MARYLAND</i>	
Died at <i>Pikesville</i>		Month <i>Dec.</i>		Day <i>15</i>		Years <i>27</i>	
Date of death <i>1909</i>		Month <i>Dec.</i>		Day <i>15</i>		Age <i>27</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>		Months <i>—</i>	
Occupation <i>Driver</i>		Where Residing if not at place of death <i>Pikesville Md.</i>		Months <i>—</i>		Days <i>—</i>	
Married, Single <i>Single</i> or Widowed		Name of Wife or Husband <i>Rosie Vance</i>		Father's Name <i>Wm. Vance</i>		Father's Birthplace <i>Md.</i>	
Mother's Maiden Name <i>Emma Goodwin</i>		Mother's Birthplace <i>Md.</i>		How related to deceased <i>widow</i>		Name of person giving Information <i>Rosie Vance</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Dysphoid fever</i>	How long <i>3 weeks +</i>
Immediate <i>Intestinal hemorrhage</i>	How long <i>several in last week of disease</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. J. ...</i>
	Address <i>Pikesville</i>
Accident or Suicide	

Dec 19/909.

Wm Cook  
502 E. North St

Name  
in  
Full

Ellen Walsh

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Canton Town Balto. County

MARYLAND

Date of death 1909 Dec. Month 13<sup>th</sup> Day 77 Age 77 Years — Months — Days

Sex Female Color or Race White Birth-place Ireland

Occupation House Work Where Residing 1406 First St. South  
at place of death

Married, Single or Widowed Widow Name of Wife or Late Dennis Walsh.  
~~Husband~~

Father's Name Don't Know Father's Birthplace Ireland

Mother's Maiden Name Don't Know Mother's Birthplace Ireland

Name of person giving Information Margaret V. Smith How related to deceased Daughter.

PHYSICIAN  
OR CORONER

## CAUSES OF DEATH

Primary Asphyxiation by Gas

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. S. Sudler, M.D.  
3323 E. Balto St.

Accident or Suicide

Accidental

Holy Cross Cemetery  
Dec 16<sup>th</sup> 1909

Lilly and Zeiler  
Undertakers

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years		Months	Days
1909		Dec	17	Age			21
Sex	Male		Color or Race	White		Birth-place	Jarnton Balt Co
Occupation	None		Where Residing if not at place of death		Same		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	George E. Walsh Sr					Father's Birthplace	Balt Co.
Mother's Maiden Name	Susan Sudept					Mother's Birthplace	Balt Co.
Name of person giving Information	Mark Walsh					How related to deceased	Mother

## CAUSES OF DEATH

Primary	Suffocation by head		How long	176
Immediate	Being buried in pillow		How long	Corner
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		F. S. Sudept M.D.		
		Address		
		3313 E. Balt St		
Accident or Suicide				

PHYSICIAN  
OR CORONER

Silly <sup>3rd</sup> Trailer

403 S. Wager Is

Holy Cross cemetery  
dec. 18<sup>th</sup> / 09

Name  
in  
Full

Edward Geo Wanser

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Jovanstown*

Town

*Balto*

County

MARYLAND

Date

of death *1909*

Month

*Dec*

Day

*2nd*

Age

*years*  
*One*

Months

*3*

Days

*16*

Sex

*male*Color or  
Race*yellow*Birth-  
place*Balto City*

Occupation

Where Residing if not  
at place of deathMarried, Singla  
or WidowedName of Wife or  
HusbandFather's  
Name*Wesley Wanser*Father's  
Birthplace*va*Mother's  
Maiden Name*Jane Turner Short*Mother's  
Birthplace*Charles county*Name of person giving  
In formation*Jane Turner Short*How related  
to deceased*mother*

## CAUSES OF DEATH

Primary

*Capillary Bronchitis*

How long

*12 Days*

Immediate

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

*John Basson, MD*  
*4 Triggs ave*  
*Waverly*

Accident or Suicide?

John B. Pye. Sr

102 E Mulberry St  
City

St Mary Cemetery



Name  
in  
Full

Inadove Ward

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

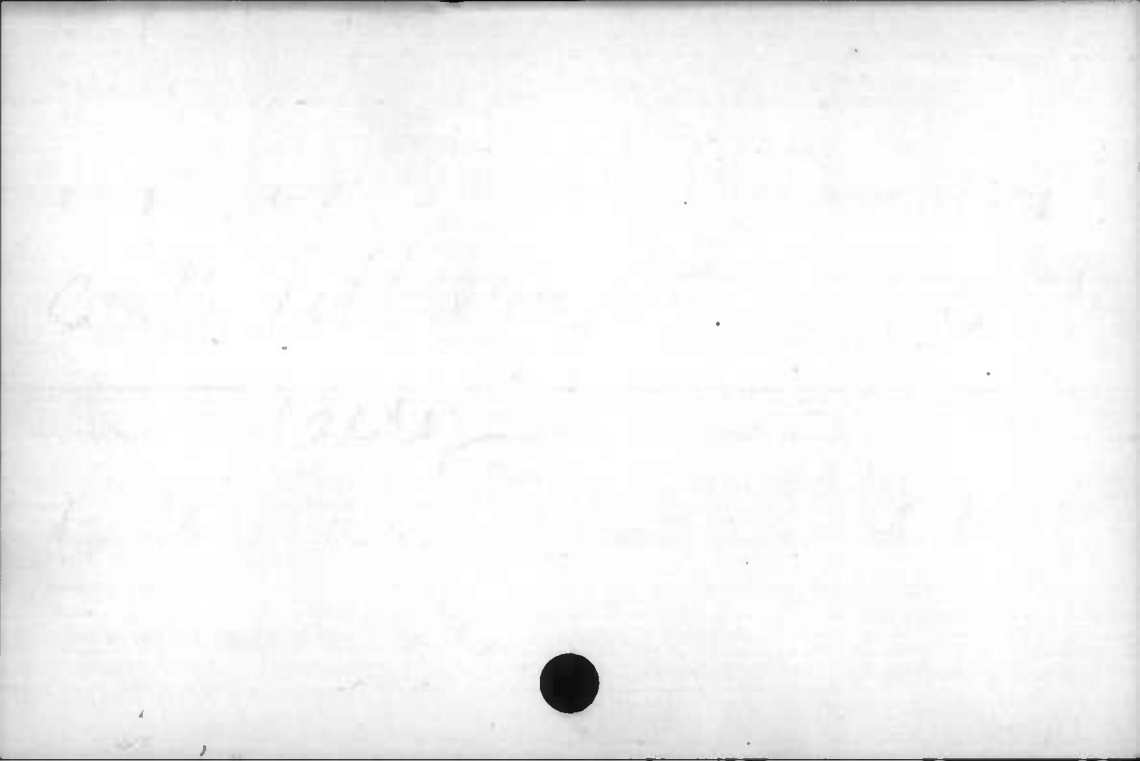
Died at		Town Reisterstown		County Balto.		MARYLAND	
Date of death 190	9	Month Dec.	Day 3	Age	Years 23	Months —	Days —
Sex	Male		Color or Race	White		Birth- place	Balto. City
Married, Single or Widowed	Single			Occupation	Cigar maker.		
Name of Wife or Husband	0						
Father's Name	Moses Ward					Father's Birthplace	Russia
Mother's Maiden Name	Amelia Schaffer					Mother's Birthplace	Russia
Name of person giving information	Self					How related to deceased	<input checked="" type="checkbox"/>

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Pulmonary & Laryngeal Tuberculosis	How long	Several years
Immediate	Exhaustion	How long	2 wks
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	S. Wickes Merritt.
		Address	Reisterstown.
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Flanagan J. Walden* Town *Spinnis Point* County *Baltimore* MARYLAND

Diad at *Spinnis Point* *Baltimore*

Date of death 1909 *Dec* 3 Age *—* Months *—* Days *1 hour*

Sex *Female* Color or Race *White* Birthplace *Spinnis Point*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Charles C. Walden* Father's Birthplace *Baltimore*

Mother's Maiden Name *Flanagan J. Flanagan* Mother's Birthplace *Baltimore*

Name of person giving information *Chas. C. Walden* How related to deceased *Sister*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Pneumonia* How long *151* *2 weeks*

Immediate *Exhaustion* How long *2 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. E. Eldred, M.D.*

Address *Spinnis Point, Md.*

Accident or Suicide *—*

Wm B. Crothers

231 S. Stricker St.

Baltimore Ind.

Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

MARYLAND

Died at *St. Washington* <sup>Town</sup>*Baltimore* <sup>County</sup>Date of death *1909* <sup>Month</sup> *Dec.* <sup>Day</sup> *13*Age *68* <sup>Years</sup>*Unknown* <sup>Months</sup>*Unknown* <sup>Days</sup>Sex *Female*Color or Race *White*Birth-place *Ireland*Occupation *House Wife*

Where Residing if not at place of death

Married, Single or Widowed *Widowed*Name of Wife or Husband *William Welsh*Father's Name *Unknown*Father's Birthplace *Ireland*Mother's Maiden Name *Unknown*Mother's Birthplace *Ireland*Name of person giving information *Mrs. W. Giler*How related to deceased *Daughter*

## CAUSES OF DEATH

179

Primary *Insanition*How long *4 1/2 Weeks*Immediate *Cardiac Asthenia*How long *3 hours*Are the name, age, sex, color, date and place correctly given above? *yes.*Signature of Physician *Dr. Josiah S. J. Bowen*Address *St. Washington.*

Accident or Suicide?

*Balt. Co. Md.*

MARTIN FAHEY & SONS,  
Funeral Directors & Embalmers,

606 & 608 W. LaFayette Ave.

TELEPHONE 1893.

*St Mary Cemetery  
Gorham*

Name in Full		Town				County		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Philipsolis</i>				<i>Balto.</i>		MARYLAND	
		Date of death <i>1909</i>		Month <i>12</i>	Day <i>12</i>	Age <i>4</i>	Years <i>4</i>	Months <i>1</i>	Days <i>12</i>
		Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Philipsolis</i>			
		Occupation _____				Where Residing if not at place of death _____			
		Married, Single or Widowed _____		Name of Wife or Husband _____					
		Father's Name <i>E. D. Wheeler</i>				Father's Birthplace <i>Balto Co</i>			
		Mother's Maiden Name <i>Ida Schiffer</i>				Mother's Birthplace <i>Balto Co</i>			
PHYSICIAN OR CORONER		Name of person giving information <i>E. D. Wheeler</i>				How related to deceased <i>Father</i>			
		CAUSES OF DEATH						7	
		Primary <i>Scarlet Fever</i>				How long <i>4 weeks</i>			
		Immediate <i>Heart Failure</i>				How long <i>12 hours</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>R. W. Sherrantine M.D.</i>			
						Address <i>Glen Cove Ind.</i>			
		Accident or Suicide?							

Rebunied Tuesday  
3 A.M. Early Int. Church  
Jm C Brooks  
an 2 W. 1.



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Necker* *Baltimore* *MARYLAND*  
Date of death 190 *9* *Dec.* *13* Age *1*  
Sex *Male* Color or Race *White* Birth-place *Baltimore Co*  
Occupation \_\_\_\_\_ Where Residing if not at place of death *Necker*

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_  
Father's Name *Charles White* Father's Birthplace *Balto. Co*  
Mother's Maiden Name \_\_\_\_\_ Mother's Birthplace *A. A. Co*  
Name of person giving Information *Charles White* How related to deceased *Father*

CAUSES OF DEATH

Primary *Intestinal Colic* *105* How long *Several Weeks*  
Immediate *Failure Vital Forces.* How long *Several hours.*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*To best of my knowledge*

Accident or Suicide

*Lungard Whitford*  
*Tulleton, Md.*

PHYSICIAN  
OR CORONER

Entertainment  
Winchester A.A. Co

+ Geo W Graume  
Teufel undertakers

Name  
in  
Full

## CERTIFICATE OF DEATH

Edward Wietscher

Town

County

Died at

Winston ave

Gorantown

MARYLAND

Date

of death

1909 Dec

Month

Day

31st

Age 73

Years

Months

Days

Sex

Male

Color or  
Race

white

Birth-  
place

Germany

Occupation

Grinder

Where Residing if not  
at place of deathMarried, ~~Single~~  
~~or Widowed~~Name of Wife or  
Husband

Sophia Wietscher

Father's  
Name

William Wietscher

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Not known

Mother's  
Birthplace

Germany

Name of person giving  
Information

William A. Wietscher

How related  
to deceased

Son

## CAUSES OF DEATH

79

Primary

Valvular heart disease

How long

Several years.

Immediate

Exertion

How long

But a few moments

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

E. M. Duncan

Address

Gorantown

Accident or Suicide

md

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

2

Burial at Baltimore Cemetery  
Monday Dec 3rd 1910.

Wm Cook  
Undertaker.  
502 E. North ave

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

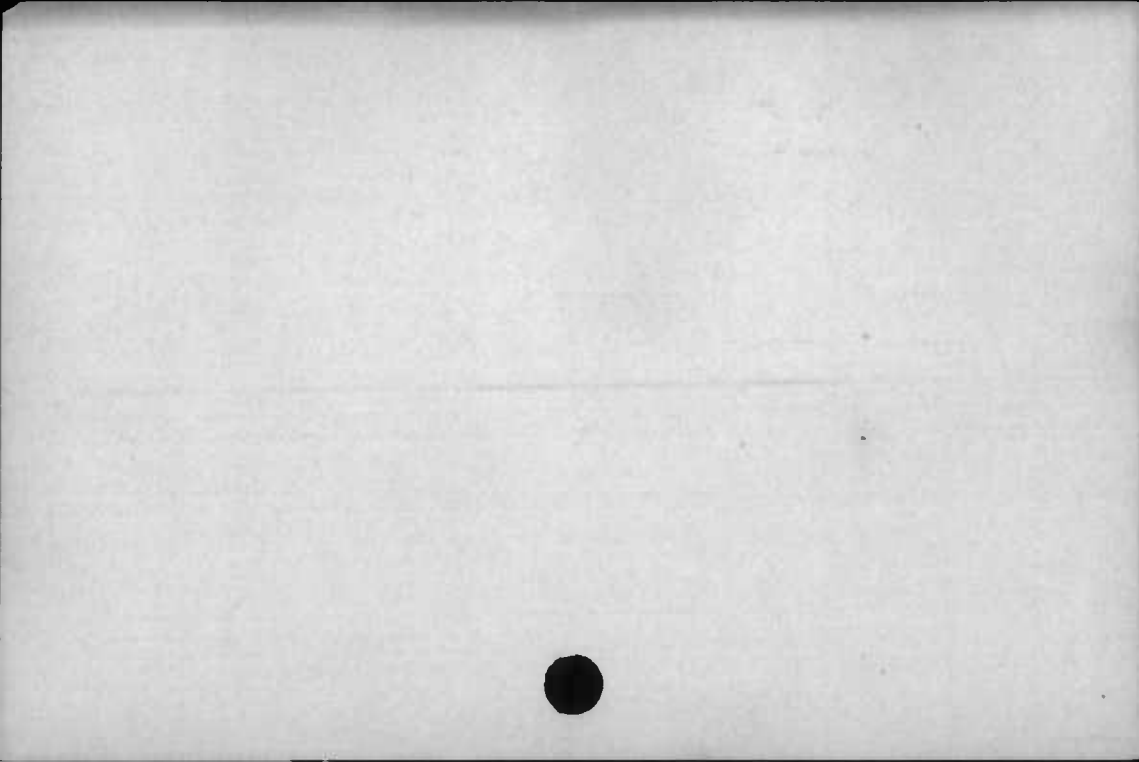
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Dec	9	33	33		
Sex	Female		Color or Race	Colored		Birth-place	Ind
Occupation	A.W.		Where Residing if not at place of death				
Married, Single or Widowed	married		Name or Wife or Husband		Chas Williams		
Father's Name	Alex Graham				Father's Birthplace	md	
Mother's Maiden Name	Matilda Brown				Mother's Birthplace	md	
Name of person giving information	Chas Williams				How related to deceased	Son	

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	Bright's Disease		How long	6 mos
Immediate	Heart Failure		How long	one week
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		Paul W. Harrison md		
Address		Middle River md		
Accident or Suicide?		No		



Name  
in  
Full

Hilda Wise

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>not known</i>		County <i>Baltimore</i>	
Date of death	1909	Month	12
Day	26	Age	no
Sex	female	Color or Race	colored
Birthplace	<i>not known</i>		
Occupation	<i>none</i>		
Where Residing if not at place of death	<i>not known</i>		
Married, Single or Widowed	<i>single</i>		
Name of Wife or Husband	<i>none</i>		
Father's Name	<i>John Wise</i>		
Father's Birthplace	<i>not known</i>		
Mother's Maiden Name	<i>Mary King</i>		
Mother's Birthplace	<i>Philadelphia</i>		
Name of person giving information	<i>Mary Wise</i>		
How related to deceased	<i>mother</i>		

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>3 months</i>
Immediate	<i>Aschemia</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>		
Signature of Physician	<i>J. E. Glavin</i>		
Address	<i>not known</i>		
Accident or Suicide?	<i>no</i>		

Geo. Hooper  
Mt Auburn Cemetery





Name  
in  
Full

Elizabeth Wolfe

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

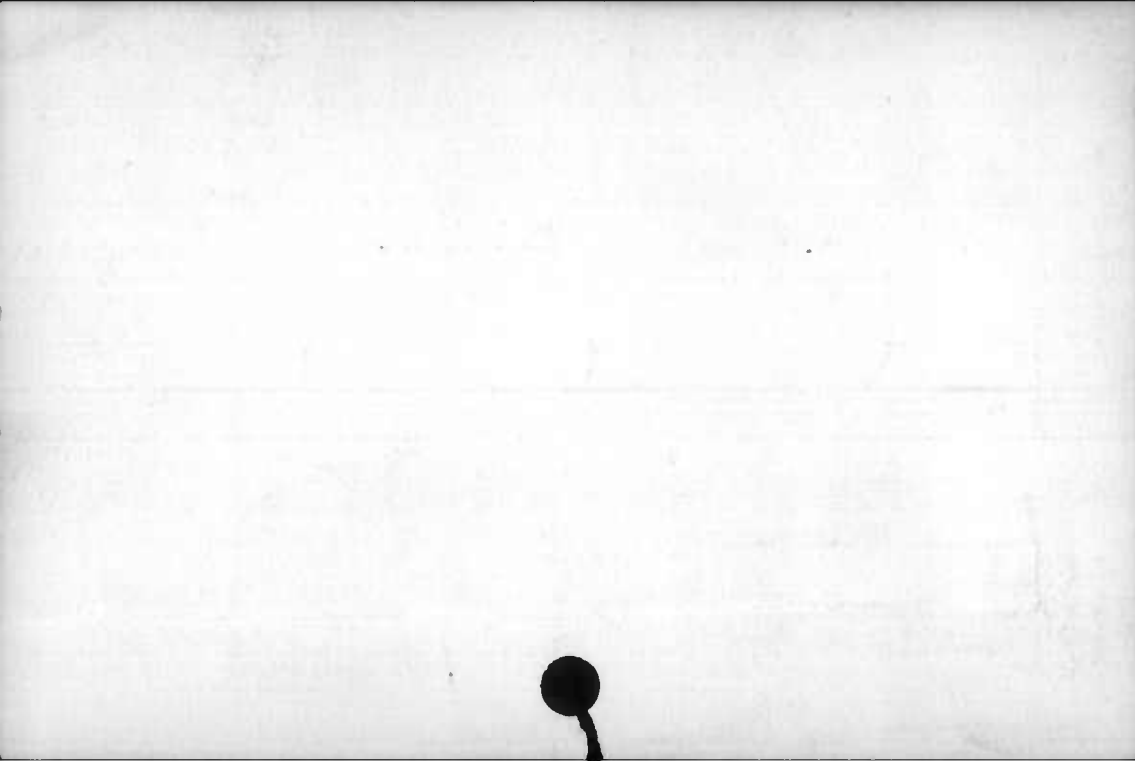
Died at <sup>Town</sup> <i>Sunnybrook</i>		<sup>County</sup> <i>Baltimore</i>		MARYLAND	
Date of death <i>1909 Dec.</i>		Month <i>Dec.</i>	Day <i>18</i>	Age <i>67</i>	Years <i>4</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Germany</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>✓</i>			
Married, Single or Widowed <i>Married</i>		Name of <del>Wife or</del> Husband <i>John Wolfe</i>			
Father's Name <i>Conrad Burk</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Mary Enders</i>		Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>John Wolfe</i>		How related to deceased <i>Husband</i>			

## CAUSES OF DEATH

43

PHYSICIAN  
OR CORONER

Primary <i>Cancer of breast</i>	How long <i>one year or longer</i>
Immediate <i>" "</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John A. Green</i>
	Address <i>Seetings</i>
Accident or Suicide?	<i>Ind. 10</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

Loretta Wright

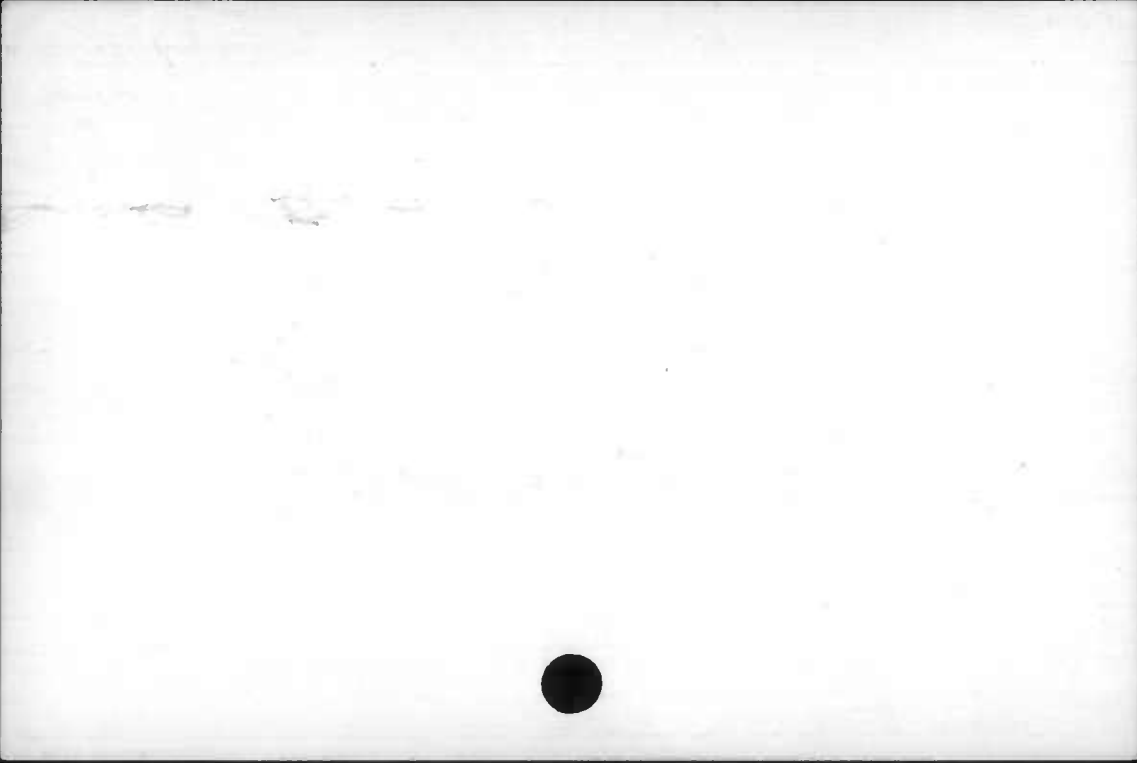
Died at Pikesville <sup>Town</sup> Baltimore <sup>County</sup> MARYLANDDate of death 190 9 <sup>Month</sup> 12 <sup>Day</sup> 26 Age 54 <sup>Years</sup> — <sup>Months</sup> — <sup>Days</sup> —Sex Female Color or Race White Birth-place Ind.Occupation Housewife Where Residing if not at place of death PikesvilleMarried, Single or Widowed Married Name of Wife or Husband John WrightFather's Name Samuel Kanvold Father's Birthplace Do not knowMother's Maiden Name Do not know Mother's Birthplace Do not knowName of person giving Information Raymond Wright How related to deceased Son

## CAUSES OF DEATH

Primary Albuminuria <sup>How long</sup> 120 yearsImmediate Paralysis & Uræmia <sup>How long</sup> 2 daysAre the name, age, sex, color, date and place correctly given above? Yes Signature of Physician W. L. CoxAddress Arlington Ind.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

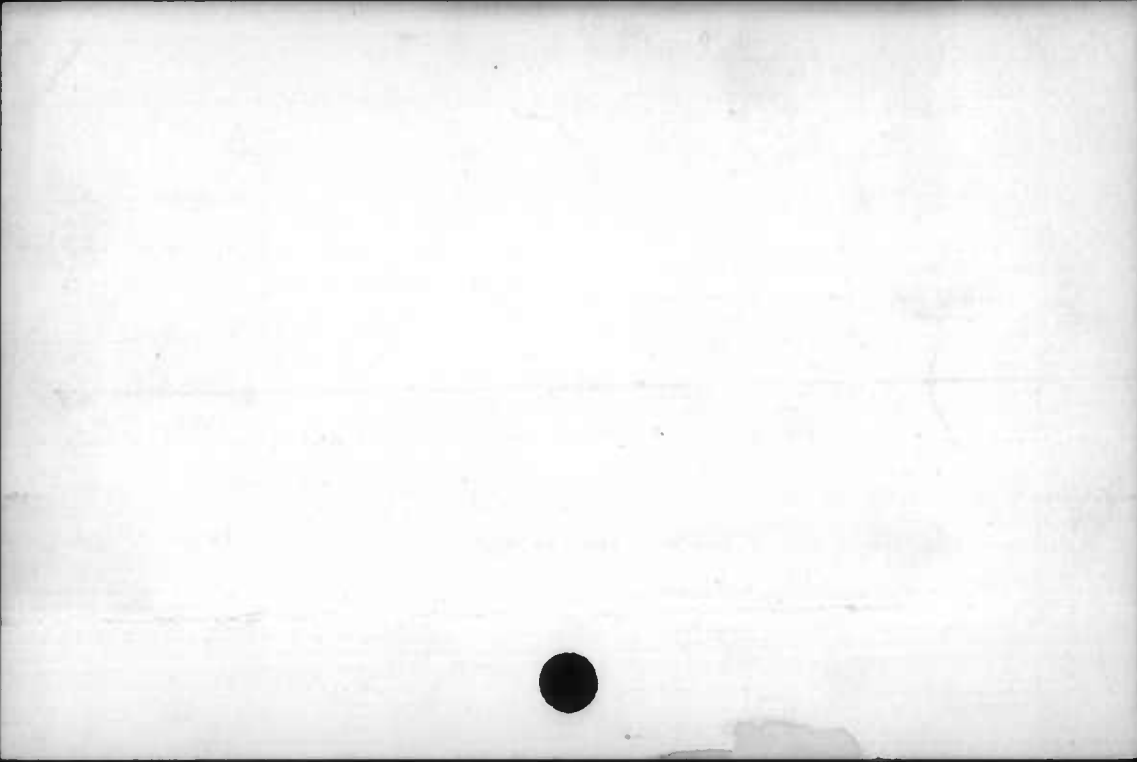
Died at		Town <i>Monkton</i>		County <i>Dalto</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		12	5	5	5	5	13
Sex		Color or Race		Birth-place			
Male		Black		Monkton			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Harrison C. Wye				Mount Carmel			
Mother's Maiden Name				Mother's Birthplace			
Ada Wilson				Cockeysville			
Name of person giving information				How related to deceased			
Harrison C. Wye				Father			

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<i>Phenomenia</i>	How long	<i>Sick 3 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<i>J. T. Payne</i>	
		Address	
		<i>Phoenix</i>	
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

*John Henry Young*  
Town *St. Highlandtown* County *Balto*

MARYLAND

Died at *116*

Town

County

Date

of death 190*9*

Month

*12*

Day

*9*

Age

Years

*—*

Months

*3*

Days

*—*

Sex

*Male*

Color or  
Race

*White*

Birth-  
place

*Balto Co*

Occupation

*son*

Where Residing if not  
at place of death

*116. Eleventh St*

Married, Single  
or Widowed

*Single*

Name of Wife or  
Husband

*—*

Father's  
Name

*William Young*

Father's  
Birthplace

*Balto Ind*

Mother's  
Maiden Name

*Sena Bohlen*

Mother's  
Birthplace

*Balto Co*

Name of person giving  
Information

*William Young*

How related  
to deceased

*Daughter*

CAUSES OF DEATH

*93*

Primary

*Lobar Pneumonia*

How long

*3 da.*

Immediate

*Exhaustion*

How long

*12 hours*

Are the name, age, sex, color, date  
and place correctly given above?

*yes*

Signature of  
Physician

Address

*Dr. L. G. Gough*

*34 Gough*

*Highlandtown Ind*

Accident or Suicide

*no*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Stemmers Run Lem

Herwig & Son

12/10/09



Name  
in  
Full

CERTIFICATE OF DEATH

Conrad Jof chr.

new <sup>Town</sup> *Marysville*

<sup>County</sup> *Baltimore*

MARYLAND

Died at *Marysville* <sup>Month</sup> *9* <sup>Day</sup> *12* <sup>Years</sup> *45* <sup>Months</sup> *—* <sup>Days</sup> *—*

Date of death 190 *9* *12* Age *45*

Sex *Male* Color or Race *White* Birth-place *Beth. Co*

Occupation *Laborer* Where Residing if not at place of death *Marysville*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Conrad Jof* Father's Birthplace *Germany*

Mother's Maiden Name *Do not know* Mother's Birthplace *Do not know*

Name of person giving Information *Dr. Keating* How related to deceased *None*

CAUSES OF DEATH

159

Primary *How long*

Immediate *Suicide self inflicted pistol shot wound* *How long*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *William J. Loggins*

Address *also Coroner*  
*Pikeville Md*

~~Accident or~~ Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

at  
David Ridge

Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Stillborn* <sup>Town</sup> *Fredericktown* <sup>County</sup> *Baltimore*Date of death 1907 *one*Day *15*Age *Still born*

Months

Days

Sex *Male*

Color or Race

*white*

Birth-place

*Fredericktown*

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

*Harry Ziegler*

Father's Birthplace

*Fredericktown*

Mother's Maiden Name

*Clara Ziegler*

Mother's Birthplace

*Baltimore*

Name of person giving information

*Dr. Davis M.D.*

How related to deceased

*none*

## CAUSES OF DEATH

Primary

*Still born. Probably dead 2 weeks before birth*

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

*Dr. Davis M.D.*

Address

*923 N. Carrollton*

Accident or Suicide?

Joe B. Cook  
bureau at Arlington

Name  
in  
Full

## CERTIFICATE OF DEATH

Unknown

MARYLAND

Died at *Westport* TownCounty *Balto*

Date

of death 190

9

Month

12

Day

26

Age

Unknown

Years

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Unknown

Occupation

Unknown

Where Residing if not  
at place of death

Unknown

Married, Single  
or Widowed

Unknown

Name of ~~Wife~~ or  
Husband

Unknown

Father's  
Name

Unknown

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Unknown

Name of person giving  
Information

R. V. Glann

How related  
to deceased

None

## CAUSES OF DEATH

Primary

Inhalation of Poisonous gases

How long

Unknown

Immediate

Asphyxiation

How long

Unknown

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

August W. Miller, Coroner

Mr Wivans

Balto So. Md.

Accident or Suicide

accident

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

e

Nicholas S. Frost

Funeral director

Am Zion Cemetery.